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The purpose of this study was to describe the lived experiences of Hispanic / Latinx nursing students as they acculturate into the profession of nursing. In addition, this study sought to describe differences in experiences of Hispanic / Latinx nursing students related to gender, English and Spanish language fluency, family immigration experiences, and whether or not participants were first-generation college students.

The Hispanic / Latinx population represents the most rapidly growing minority within the U.S., and health disparities for this population persist. When there is racial and ethnic concordance of health care providers with the population, improved patient outcomes occur. Currently, however, only 3.6% of practicing nurses within the U.S. self-identify as Hispanic / Latinx, attrition rates are higher for these students, and research pertaining to their experiences is extremely scarce. If nursing faculty do not understand the experiences of Hispanic / Latinx nursing students or their perspectives, it is difficult to create learning environments and evidence-based educational initiatives which foster their success.

This study used a Husserlian descriptive phenomenological approach with participants who self-identified as Hispanic / Latinx and who had graduated from a baccalaureate nursing program in the Southeastern U.S. within the last six months. Eleven Hispanic / Latinx new graduates from three baccalaureate nursing programs in large, urban, public universities within feasible driving distance for the researcher

participated in the study. Data collection involved private, in-depth, semi-structured, audiotaped interviews with study participants.

Interview transcriptions were coded and analyzed using inductive methods. Categories uncovered as a result of inductive analysis included belongingness, edge runner, deep and meaningful relationships with the Hispanic / Latinx community, under pressure, learning environment, a journey of many steps, looking within, we are not all the same, checking the box, and facing disparities and stereotypes.

Thematic analysis used the Theory of Cultural Marginality as a lens through which to study the data set. Study findings revealed that Hispanic / Latinx baccalaureate nursing students do experience a process of acculturation into nursing that is complex, multi-faceted, and similar to the process experienced by immigrants acculturating into a different country. Furthermore, results demonstrate that this process of acculturation into nursing begins before these students enter nursing school and continues after they graduate. The lived experiences of Hispanic / Latinx nursing students aligned with prominent concepts of the theory, including marginal living, cross-cultural conflict recognition; adjustment responses, and personal as well as contextual influences.

Study findings refute the notion that Hispanic / Latinx nursing students should be considered as a homogenous group, which is how they have been presented in previous research. On the contrary, this study revealed that the process of acculturation into nursing for Hispanic / Latinx baccalaureate nursing students is influenced by their gender, English and Spanish language fluency, family immigration experiences, and whether or not they are a first-generation college attendee. Nurse educators should

consider that given the pressures that these students experience from a variety of sources, educational strategies should be learner-centered, culturally responsive, and individualized to best facilitate their success.

ACCULTURATING INTO NURSING: THE LIVED EXPERIENCES OF
HISPANIC / LATINX BACCALAUREATE NURSING STUDENTS

by

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Approved by

Committee Chair

To my husband, Scott, who has encouraged and believed in me at every step,

To my daughter, Kayla, and my son, Lucas,

who have always been and continue to be my greatest source of pride and inspiration.

And to my dad, Don Woodley, a gifted teacher and mentor

who has cheered me on from Canada.

I am forever indebted to each of you for all of your support.

APPROVAL PAGE

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PREFACE

The format of this dissertation follows the manuscript option for the School of Nursing at the University of North Carolina at Greensboro and is organized into six chapters. Chapters One, Two, and Three are the Introduction, Integrative Literature Review, and Methods sections of the study. Chapter Four is a published integrative literature review, written in the publication style of the journal, and includes its own separate reference list. Chapter Five is a manuscript submitted for publication review, written in the publication style of the target journal, and also includes its own references. Chapter Six presents a summary discussion of additional study findings, as well as implications and future plans for dissemination.

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CHAPTER I

INTRODUCTION

Diversity is a prerequisite for excellence, fostering creativity, innovation and engagement in all sectors of life (Symonette, 2004). As the population within the United States (U.S.) increases in diversity, it becomes a more enriched and robust society reflective of talents and characteristics of many groups of people. According to national census reports, individuals who represent ethnic and racial minorities comprised 37% of the U.S. population in 2012, and by 2043 underrepresented minority (URM) populations are projected to become the majority (U.S. Census Bureau, 2016). The Hispanic / Latinx population represents the fastest growing URM population within the U.S. In 2018, 18.1 percent of the total population in the U.S. was Hispanic / Latinx (U.S. Census Bureau, 2018); by 2060, this number is predicted to be one in three (U.S. Census Bureau). Population shifts translate into a large proportion of current health care consumers who are Hispanic / Latinx, and these numbers will increase in the upcoming years.

In contrast, the nursing profession remains a predominantly female, Caucasian profession. While the diversity of nursing is slowly increasing, it is not doing so at the national pace, and the gap is expected to widen in upcoming years (American Association of Colleges of Nursing [AACN], 2017). According to the most recent national survey conducted by the National Council of State Boards of Nursing (NCSBN, 2018), 80.5% of practicing nurses are Caucasian, and 92% are female. Males comprise 8% of the national

nursing workforce, up from 7% in 2013. Of all currently practicing nurses within the U.S., 19.5% identify as being from an ethnic or racial minority group, up from 17% in 2008 (NCSBN). Nurses who self-identify as being Hispanic / Latinx comprise only 3.6% of practicing nurses within the U.S. (NCSBN). Minority Nurse (2015) reports that 4.8% of practicing nurses within the U.S. are Hispanic / Latinx, but this number includes licensed practical nurses (LPNs) as well as registered nurses (RNs). Next to American Indian and Alaskan Natives, Hispanic / Latinx nurses represent the second smallest ethnic group of nurses nationally (Minority Nurse).

It is widely accepted that the ability of the nursing profession to provide culturally responsive nursing care is closely linked to the cultural diversity of its members (AACN, 2015; National League for Nursing [NLN], 2016; The Robert Wood Johnson Foundation and Institute of Medicine [RWJFIM], 2016; The Sullivan Commission on Diversity in the Healthcare Workforce [The Sullivan Commission], 2004). It is challenging to provide culturally responsive care to patients who represent minority groups, however, when most nurses are Caucasian females. As a result, national initiatives exploring ways to improve diversity within the nursing workforce are now underway. One of these strategies is the recruitment and retention of a more diverse student population into pre-licensure nursing programs as well as program planning to support these students, since increasing the diversity of nursing students provides a pipeline for increasing the diversity of nurses practicing in the U.S. (NLN).

According to the AACN (2017), 11% of beginning baccalaureate nursing students across the U.S. self-identify as Hispanic / Latinx. This reflects an upwards trend, as

Hispanic / Latinx students accounted for 6.8%, 7.7% and 8.4% of baccalaureate nursing students in 2010, 2012 and 2014 respectively (AACN). While these numbers look encouraging, more work needs to be done. The numbers of minority nursing students in general and specifically those who are Hispanic / Latinx do not come close to approximating the diversity of the U.S. population. Furthermore, students who represent minorities in gender, race, and ethnicity experience overall higher attrition rates than the majority group of Caucasian female classmates (AACN, 2017; DeBrew, Lewallen & Chun, 2014). In particular, many Hispanic / Latinx students describe their nursing education as fraught with challenges, contributing to higher attrition rates for these students and perpetuating the shortage of this group that is highly needed in the nursing workforce (Alicia-Planas, 2017).

There is little research about URM nursing student experiences, and many gaps in the literature prevail. Research examining the experiences of Hispanic / Latinx nursing students as they acculturate into the profession of nursing is especially scarce. If nurse educators do not understand the experiences of these students, efforts to support them and help them flourish will lack scientific evidence and are less likely to be consistent and effective.

This chapter outlines the background and significance of the study, as well as its purpose. The theoretical framework used to guide the study is briefly described, along with theoretical and conceptual definitions. The specific research questions of the study are also delineated, along with assumptions of this research.

Background and Significance

A basic fundamental human right is quality health care (American Nurses Association [ANA], 2018). The Code of Ethics governing nurses emphasizes respect for the rights and unique attributes of those needing health care, asserting that nurses must protect their patients' uniqueness, dignity, and worth through the incorporation of individuals' beliefs, values, and cultural practices into the provision of nursing care. Thus, nurses must practice in a way that is culturally sensitive, respectful, and responsive; in doing so, nurses can contribute to the enhancement of health equity (ANA).

Unfortunately, health equity is not the reality within the U.S. Despite national efforts made by many organizations including Healthy People 2020 to improve health for all people, significant health disparities persist (Healthy People 2020, 2017a). To better understand the need for culturally responsive nursing care for the Hispanic / Latinx population, factors contributing to health inequities experienced by this population must be considered. While the broad category of Hispanic / Latinx represents people from 27 different Latin American countries, each with its own health risks and diseases, the prevalence rates for many health conditions including diabetes, liver disease, obesity and hypertension are all higher for the Hispanic / Latinx population in general within the U.S. (Center for Disease Control and Prevention [CDC], 2015; Office of Minority Health in the Department of Health and Human Services (2015). Social determinants impacting the health of those who are Hispanic / Latinx place them at greater risk for health inequities; these in turn result in poorer health outcomes, shorter life expectancies and decreased quality of life (Healthy People 2020, 2017b). Determinants of health

impacting the U.S. Hispanic / Latinx population include but are not limited to education level, socioeconomic status, health literacy, and health care coverage (Healthy People 2020, 2017a).

Educational levels of the Hispanic / Latinx population predispose them to health disparities. The U.S. Census Bureau (2015) reports that 88% of the general population within the U.S. has at least a high school diploma or general equivalency diploma (GED), and nearly one in three adults has a bachelor's degree or higher. In contrast, those who are Hispanic or Latinx tend to have lower education levels, estimated at 67% for high school diploma or GED and 15% for a bachelor's degree (U.S. Census Bureau).

Although education levels are slowly increasing for the entire country, the Hispanic / Latinx population has made the smallest gains and lags the furthest behind (U.S. Census Bureau). Educational disparities exist within the Hispanic / Latinx population as well; 20% of those born in the U.S. have some college education, compared with only 12% of those born outside the U.S. (U.S. Census Bureau). Lower education levels predispose this population to greater health issues, increasing their need for health care (Healthy People 2020, 2017a).

Many Hispanic / Latinx people living in the U.S. are impacted by poverty, which also affects health. Current national data reveal that 23.2% of the Hispanic / Latinx population has an income below the poverty line, compared with 14.3% of the general U.S. population (U.S. Census Bureau, 2015). Eight states report at least 30% of their Hispanic / Latinx population living in poverty, including Alabama, Arkansas, Georgia, Kentucky, North Carolina, Pennsylvania, Rhode Island, and Tennessee. The higher the

rate of poverty, the more health risks that a population experiences (Healthy People 2020, 2017a), and the more health care is needed.

Health literacy, which is the ability of individuals to obtain, understand, and utilize basic information about their health so that they can make informed health decisions and follow provider advice, also influences the health of the Hispanic / Latinx population; 41% of Hispanic / Latinx adults lack basic health literacy (The National Hispanic Council on Aging [NHCOA], 2016). Non-native English speaking is also correlated with low health literacy, impacting many Hispanic / Latinx Americans, and Hispanic immigrants often report difficulties navigating the U.S. health care system (NHCOA). These linguistic and cultural barriers further compound health challenges faced by the Hispanic / Latinx community and amplify their need for health care.

Health care coverage, or lack thereof, poses another challenge. Fewer Hispanic / Latinx families have health care coverage provided by employers, making them reliant on national and state-run programs. In 2015, 37% of the Hispanic/ Latinx pediatric population was covered by Medicaid and/or the Children's Health Insurance Program (CHIP), representing the largest group of children by race/ ethnicity to require federal and state financial assistance for health insurance (Kaiser Commission on Medicaid Facts, 2011). Furthermore, the Hispanic / Latinx population has the highest rate of being uninsured, estimated at 16.0% by the U.S. Census Bureau (2017).

Each of these factors impacts the health of the Hispanic / Latinx population. Additionally, there is a cumulative impact related to the intersection of multiple health disparities, predisposing those who are Hispanic or Latinx to increased health care needs.

Healthy People 2020 (2017b) reports that “people with a quality education, stable employment, safe homes and neighborhoods, and access to preventative services tend to be healthier throughout their lives” (paragraph 1). The opposite is also true. Those with multiple adverse social determinants of health have shorter life expectancies, poorer health outcomes and quality of life, less likelihood to engage in health promotion activities, more stigmas and unfair treatment, and fewer neighborhoods that have access to healthy, affordable food (Healthy People 2020). Mosquera (2017) writes:

Imagine not being able to understand what a doctor is saying, being kicked out of an emergency room due to lack of payment or being too scared to even go to a hospital for fear of deportation. Unfortunately, that’s what health care is like for millions of Latinos currently living in the U.S. (paragraph 4).

Nurses are potentially in an excellent position to provide improved health care and reduce health inequities experienced by the Hispanic / Latinx population within the U.S., given the profession’s focus and emphasis on holistic care, health promotion, and illness prevention. The small numbers of Hispanic / Latinx nurses within the nursing workforce, however, makes achievement of these goals very difficult. It is well established that when minority groups receive health care from those who are of the majority group, unequal care results, and documentation of these trends within the literature is prolific. In 2002, the Institute of Medicine (IOM) issued a seminal report reflecting that those who represent minorities are less likely to receive the same quality of care as Caucasian patients (IOM, 2002). The IOM cited several reasons for this, including cultural differences, health care professionals’ lack of understanding of cultural practices of the patient or family seeking care, linguistic barriers, lack of understanding

demonstrated by URM patients, and difficulty experienced by those in URM populations with health care access. According to the same report, treatment plans prescribed for URM patients are often made on the basis of insufficient or inaccurate patient information, due to lack of understanding of the culture or communication difficulties between health care professionals and patients (IOM). Within this report, the IOM recommended more minority health care professionals who would be more likely to provide care in underserved areas, understand the cultural practices of their patients, and overcome language barriers that impact quality of health care.

Since the IOM report was released in 2002, a large body of literature has emerged that documents health care disparities experienced by URM populations, including those who are Hispanic / Latinx. While a thorough discussion of this literature is beyond the scope of this research proposal, specific patterns from the literature are important to describe as context for this dissertation. First, health care disparities are complex, and are related to cultural differences, health care access issues, and linguistic barriers, among other factors (Ubri & Artiga, 2016). Second, URM patients are less likely to seek health care from health care professionals who represent the majority group and whom they feel will not understand them (IOM, 2002; Ubri & Artiga). The least likely racial or ethnic group to see a health care provider is Hispanic / Latinx. According to the U.S. Census Bureau (2016), 42% of Hispanic / Latinx patients do not visit a provider during the year. Instead, they wait until they are significantly more ill prior to seeking care, leading to poorer health outcomes (U.S. Census Bureau). Third, when URM patients have a choice in health care providers, they tend to choose a provider with a similar racial or ethnic

background and report higher satisfaction with the care they receive from those individuals (Ubri & Artiga; U.S. Census Bureau). Fourth, many Caucasian health care professionals, including nurses, lack the understanding of culturally influenced health care practices, beliefs, and values of URM patients, and therefore provide care that is culturally incongruent (Ubri & Artiga; U.S. Census Bureau). Fifth, even though health care professionals including nurses are encouraged to build relationships with their patients and respect differences in cultural values and practices, lack of knowledge and confidence with culturally responsive care as well as language barriers persist (Ubri & Artiga; U.S. Census Bureau). Finally, if health care professionals and patients share similar racial or ethnic backgrounds, improved health outcomes occur (IOM). All of these factors point to the need for concordance of the nursing profession with the racial and ethnic demographics of the U.S. population in general, and the specific need for more Hispanic / Latinx nurses who are well educated, and who can provide culturally responsive care that promotes health and health care equity. Hispanic / Latinx nursing students hold the key to this goal, because they understand the culture, language, and health practices of the Hispanic / Latinx population.

It is extremely important, therefore, that these students are supported throughout their nursing programs and that they gain the necessary knowledge, skills and attitudes to become a successful nurse. Not only will successful completion of their nursing degree allow them to join the nursing workforce and provide culturally responsive nursing care when they care for the Hispanic / Latinx population, but to act as role models and resources for other nurses to do the same. To promote student success, and to be student

centered, one must understand the experiences of students. A serious deficit exists in the literature concerning Hispanic / Latinx nursing students' experiences within their undergraduate pre-licensure nursing programs. These students' experiences as they acculturate into the profession of nursing are not well understood, nor are their views on ways to foster their success.

Few studies have been published within the U.S. in the last decade on this topic. Several of these have involved single site studies at colleges or universities, leading one to question whether similar findings would be evident elsewhere (Woodley & Lewallen, 2018). Even less is known about whether differences exist between experiences of male and female Hispanic / Latinx nursing students, and/or those who are non-native English speakers versus those who speak English as their primary language. As a result, making evidence-based educational recommendations that are student-centered, promote Hispanic / Latinx nursing students' sense of belonging, and facilitate these students' journey into nursing is challenging at best.

Findings from this researcher's pilot study revealed barriers for Hispanic students in their nursing programs, as well as factors that facilitate their success (Woodley, 2017). Pilot study findings included multiple examples of words or phrases used in nursing tests that were misunderstood by non-native English-speaking students, and specific faculty behaviors were cited as barriers to learning. Additional pilot study findings included descriptions of facilitators for success, such as the relative ease of finding nursing employment following graduation, the connection with and trust of patients and families from similar backgrounds, and specific faculty behaviors promoting a sense of belonging.

One student described her experience in the nursing program as “*they raised us, but they didn’t adopt us. We weren’t part of the family*” (Woodley). These data, along with the national trends described above, strongly support the need for further research.

Purpose of the Study

The purpose of this study was to describe the lived experiences of Hispanic / Latinx nursing students as they acculturate into the profession of nursing, and to explore the potential for differences in experiences related to gender, English and Spanish language fluency, family immigration experiences, and whether or not participants were first-generation college students. This study used a Husserlian descriptive phenomenological approach with participants who self-identified as Hispanic / Latinx and who had graduated from a baccalaureate nursing program in the Southeastern U.S. within the last six months.

Theoretical Framework

The Theory of Cultural Marginality (Choi, 2008) was chosen to provide context, insight, and a lens through which to understand the experience of Hispanic / Latinx nursing students as they acculturate into the profession of nursing.

Theoretical Origins of the Theory of Cultural Marginality

As an experienced nurse with a public health background, Choi (2008) noticed that a lack of understanding existed between health care providers and patients from different cultural backgrounds, creating a barrier for immigrants to receive quality health care. Choi observed that Korean American adolescents whose families had immigrated to the U.S. had lower self-esteem, a lack of coping skills, and higher rates of depression

compared with American adolescents. She related this to the stress of the immigration process, which placed adolescent immigrants at higher risk for mental distress. The Theory of Cultural Marginality was developed to increase understanding of the unique experiences of people as they straddle two distinct cultures, and to offer direction for culturally responsive care (Choi).

Choi's (2008) theory had origins in three separate theories from the social sciences. The first was Acculturation Theory. This theory began as a unidimensional model to explain that people would lose their culture of origin as they became acculturated into a new culture, and if they did not, they would return to their original culture. Acculturation Theory presented a binary option for immigrants- either become part of the new culture or return to the old (Redfield, Linton & Herskovits, 1936, as cited in Smith & Liehr, 2008). As knowledge in the field continued to expand, researchers realized that this explanation was too simplistic, and newer versions of acculturation theory were proposed that were more multidimensional and complex (Choi).

Acculturative Stress was a second theory that contributed to Choi's work (Vega, Gill & Wagner, 1998, as cited in Smith & Liehr, 2008). Briefly, the theory explained that as individuals went through the process of acculturation, they experienced stress as a result of discrimination or being different; this stress contributed to mental health decline. How greatly an individual was impacted by stress associated with acculturation was mediated by additional factors, such as the nature of the dominant group and characteristics of acculturating individuals (Vega et al., as cited in Smith & Liehr).

A third theory, known as the Theory of Marginality, provided background for Choi's theory (Stonequist, 1935, as cited in Smith & Liehr, 2008). This theory described how an individual transitioning into a new culture would undergo inner conflicts, restlessness, malaise, and moral turmoil during a process of adjustment. The theory also noted that the adjustment to a new culture could also provide opportunities and an impetus for growth (Stonequist, as cited in Smith & Liehr).

Theory of Cultural Marginality: Description and Meaning

Choi embarked on the development of her own theory, since each of the above theories informed elements of the acculturation process she was observing in the Korean adolescent immigrants she worked with, but none could explain the phenomenon in its entirety. Additionally, the above theories were viewed as vague and not empirically testable (Choi, 2008). The Theory of Cultural Marginalization, therefore, while having strong roots in the three theories described above, was also born from Choi's clinical research in nursing.

The main concepts in the Theory of Cultural Marginality include marginal living, cross cultural conflict recognition, and easing cultural tension. Marginal living refers to being in transition between two cultures (Choi, 2008). During this time, individuals work at engaging in new relationships while simultaneously maintaining old ones, which in turn creates stress and tension for the individual. The new culture may display contradictions, such as appearing to be welcoming but demonstrating discrimination toward the individual. The culture of origin may also display contradictions, such as placing pressure on the individual to forge new relationships in the new culture but at the

same time expecting the individual to stay very engaged with the culture of origin. The stress that results can impact the individual in a negative way, causing identity confusion, anxiety, ambivalence, feelings of alienation, and uncertainty. Positive aspects of growth and change can also occur, including the development of resilience, perseverance, and hope (Choi).

According to Choi (2008), cross-cultural conflict recognition occurs when individuals experience and recognize the differences between the two cultures. These differences might include culture-specific value systems and expectations, behaviors, and norms. Cross-cultural conflict recognition is an important concept within the theory, because it allows for individual differences in perceptions and responses that can be observed and therefore tested (Choi).

Easing cultural tension is a third main concept in Choi's (2008) theory, explaining how individuals resolve the cross-cultural conflict they experience. An individual's patterns of responses, called adjustment responses, can vary. One adjustment response is assimilation, where the individual is absorbed into the new culture, leaving the culture of origin behind. Reconstructed return is another response, where the individual returns to the culture of origin, but is changed because of experiences with the new culture. A third adjustment response is poise, which the theory describes as remaining on the edge of both cultures but not really feeling included in either. A fourth response, known as integration, occurs when individuals create a third culture by blending the culture of origin and the new culture. In doing so, they surpass cultural boundaries and enjoy an enhanced sense of belonging, psychological growth, integration of identity, and

confidence. These adjustment responses are not mutually exclusive, but are contextual, situational, and dynamic. No one response works for everyone, and individuals may experience different responses at different times (Choi).

Contextual influences impact how individuals respond to the acculturation process, and reflect characteristics of the dominant group (Choi, 2008). For example, if the dominant group is open, welcoming, has resources available to the newcomer, has a diverse composition, has supportive people in power positions and supportive group members, the individual experiences less stress and cultural tension is eased. An absence of some or all of these characteristics has the opposite effect. Personal influences impact the acculturation process as well, such as the newcomer's age at immigration, length of stay in the new culture, language proficiency, ethnic identity, socio-economic status (with presumed availability of resources), and pre-immigration experiences. Personal influences such as the individual's resilience, openness and coping strategies also can serve to facilitate the acculturation process (Choi). It is important to note that when two cultures intersect as individuals go through the acculturation process, contextual / personal influences make the interactions between cultures a two-way process. Just as the dominant culture influences the newcomer, acculturating individuals or groups also impact the dominant culture, although the strength of the influence may not be comparable (Choi).

Application of the Theory of Cultural Marginality to This Study

Despite the Theory of Cultural Marginality being developed to explain how individuals acculturate into a new ethnic culture involving a geographical move (Choi, 2008), the theory served as a very useful guide in this research. While it sought to explain the process of acculturation in an ethnic sense following a geographical move, it also provided context, insight, and a lens through which to understand the process that Hispanic / Latinx nursing students experience as they acculturate into the profession of nursing. Individuals who were the subject of study in Choi's theory development were those who did not fit the majority group of the new culture; this research study also sought to gain an understanding of those who do not represent the majority group within the culture of nursing. The Theory of Cultural Marginality was developed to offer direction for culturally responsive care, just as this research study aimed to provide direction for culturally responsive education. Additionally, Choi's theory seemed to fit with findings in the nursing literature as well this researcher's pilot study findings that being an individual experiencing acculturation into a new group involves a complex transition involving multiple people and settings and includes positive and negative aspects of the experience.

The major components of the theory complemented the research described in this dissertation. For example, current knowledge about minority nursing student experiences had already revealed that some of these students experience tension before they ever begin their nursing education. This tension occurs through the juxtaposition of their choice of nursing as a career and their culture of origin's view on nursing and seemed

reflective of the concept of cross-cultural conflict recognition (Woodley, 2017). Furthermore, the minority nursing students in this researcher's pilot study seem to straddle their culture of origin and their new culture of nursing, sharing similar experiences inherent in marginal living. These included their struggles to belong, feeling excluded, experiencing pressure and tension from families to maintain family commitments but also perform well in the nursing program, having to learn new learning techniques and a new "language" of nursing, and being in unfamiliar clinical and classroom settings where their differences were made apparent (Woodley). The concept of easing cultural tension through a number of different response patterns may in part explain why some students choose to leave their nursing programs, although this hypothesis was not tested in the study. Contextual / personal influences were studied to explain and identify environmental and personal attributes of students that influenced their experiences.

Definitions

Operational Definitions

Hispanic / Latinx. A person who self-identifies as being from "Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race" (U.S. Census Bureau, 2018, paragraph 1). Latinx represents a gender-neutral term.

Hispanic / Latinx nursing student. An individual who is enrolled in an undergraduate nursing degree program and self-identifies as either Hispanic or Latinx.

New graduate. An individual who has graduated from a Bachelor of Science in Nursing program within the last six months.

URM nursing student. A student who is from an underrepresented group in nursing, including those who are male as well as individuals from racial and ethnic backgrounds other than Caucasian. For this research study, a URM nursing student also included those who are first generation American and those who are non-native English speakers.

Race. The categorization of people into distinct groups on the basis of geographic locations of ancestors, physical attributes, and or genetic makeup (Jeffreys, 2012; LaVeist & Isaac, 2013).

Ethnicity. The shared beliefs, values, norms, language, health practices, food preferences, and cultural practices observed by a particular group (Jeffreys, 2012).

Culturally responsive care. Nursing care which assesses an individual's, family's or population's race, ethnicity, beliefs, values, and health care practices, and which then responds by planning, implementing, and evaluating nursing care respectful of and congruent with their culture.

Culture. The definition of culture used for this dissertation is consistent with Beamer and Varner (2001).

Culture is the coherent, learned, shared view of a group of people about life's concerns that ranks what is important, furnishes attitudes about what things are appropriate, and dictates behavior... Culture is the property of a community of people, not simply a characteristic of individuals. Societies are programmed by culture and that programming comes from similar life experiences and similar interpretations of what those experiences mean. If culture is mental programming, it is also a mental map of reality. It tells us from early childhood what matters, what to prefer, what to avoid, and what to do. Culture also tells us what ought to be. It gives us assumptions about the ideal beyond what individuals may experiences. It helps us in setting priorities. It establishes codes for behavior and provides justification and legitimization for this behavior" (p. 3).

Acculturation. Acculturation reflects a learning process in which one is exposed to and learns about another culture, with potential change in beliefs, values, and practices as a result (Serafica, 2011). Antecedents for acculturation include identifying first with one's original culture and being adequately exposed to alternative customs to know what alternatives exist (Serafica). Though acculturation into the profession of nursing is not the same as acculturation into a new country or other distinct group, acculturation into nursing represents a process of joining another culture in which URM students do not approximate the majority group.

Conceptual Definitions

Marginal living. The process of being between two cultures and experiencing the push/pull tension of both; emphasis is on being in transition (Choi, 2008). Marginal living can cause stress and conflict but can also provide the impetus for growth and change (Choi).

Cross-cultural conflict recognition. The beginning understanding of differences between two cultures, including cultural values, customs, behaviors, and norms. In the case of Hispanic / Latinx nursing students, this is the recognition of being an URM student where the values, customs, behaviors, and norms of the culture of nursing are reflective of the majority group, and different from those of the student's culture of origin.

Easing cultural tension. The process by which an individual addresses cross-culture conflict and responds.

Contextual influences. Attributes of the context and the dominant culture which influence the individual in the midst of cultural marginality. Examples include but are not limited to the dominant culture's openness to diversity, available resources for immigrants, and racial / ethnic composition.

Individual / personal influences. Attributes of the individual in the midst of cultural marginality which influence the process of acculturation. Examples include but are not limited to the individual's gender, language proficiency, pre-immigration experiences, reasons for immigration, and educational background, as well as personal characteristics such as resilience, coping mechanisms, and openness.

Assumptions

This study had the following assumptions.

Nursing Has its Own Culture, and This is Apparent Within Nursing Education

As previously described, the nursing profession is a relatively homogenous group comprised primarily of Caucasian females, and this majority group tends to dominate the culture of nursing. Within nursing education, homogeneity also persists. According to a recent national survey involving over 13,000 nursing faculty, 81.9% of full-time nursing faculty are Caucasian and 94% are female (NLN, 2017), and the norms that are established within nursing education are Eurocentric (DeBrew et al., 2014). Nursing faculty describe health care practices and customs in terms of how they differ from Caucasians, and consider Caucasian as the norm for knowledge, membership, and language (DeBrew et al.; Puzan, 2003). According to this researcher's pilot study findings, respondents felt that "*Caucasian is the default*" (Woodley, 2017). Furthermore,

by attempting to treat everyone the same, nursing faculty inadvertently hold students to the cultural standards of being Caucasian and female in their teaching and evaluative practices, since most nurse educators identify this way (DeBrew et al.). Respondents of this researcher's pilot study concurred, citing examples of Eurocentric phrasing on tests as barriers for non-native English-speaking students.

Many researchers have noted that attrition rates among pre-licensure nursing students who represent a minority in terms of race, ethnicity, and/or gender are much higher than for Caucasian female students (DeBrew et al., 2014; Jordal & Heggen, 2015; McLaughlin, Muldoon & Moutray, 2010; Wang et al., 2011). Because Caucasian females comprise the majority in classroom settings, they are more likely to have their views and experiences discussed in large group settings, and URM students may be called upon to represent everyone from their group (Bond, Cason, & Baxley, 2014; Dyck, Oliffe, Phinney & Garrett, 2009; Meadus & Twomey, 2011). In the clinical setting, not only are clinical groups primarily Caucasian and female, but clinical staff who represent practicing nurses are as well. The history of nursing as presented in classroom settings is often reflective of female contributions, and the prolific use of the pronoun "she" to refer to nurse further emphasizes the majority group (Bond et al.; Jordal & Heggen; McLaughlin et al.). Media examples of nurses often portray Caucasian females, and although these role models are increasing in diversity, the message remains that the majority group in nursing remains Caucasian and female (Woodley, 2017).

New Graduates are Able to Reflect on their Process of Acculturation into Nursing

Because new graduates have completed their nursing degree, they can reflect on the totality of their nursing school experiences including their decision to enter the nursing profession, the process of applying to nursing school, experiences throughout their nursing education in a variety of settings which include classroom, clinical, and lab settings, and the experience of graduating from a baccalaureate nursing program. An additional assumption was that by interviewing these individuals within six months of graduating, their memories of the above process would be fresh, and they would have had minimal time in their new job setting to influence these memories and perceptions.

Summary

If the nursing profession is to produce a more diverse workforce to care for a diverse patient population, it is imperative that a climate of inclusivity is fostered. When voices of URM nursing students are not heard, the unique talents and contributions that they bring to nursing are ignored, and potential challenges they face go unnoticed and unaddressed. The results are higher attrition rates of those who represent minorities in nursing and a continuation of a homogenous workforce which must then attempt to provide culturally responsive nursing care to a diverse patient population.

Before teaching strategies aimed at support of URM nursing students can be effective, it is important to understand their experiences. The lack of research about Hispanic / Latinx nursing student experiences, their small numbers in baccalaureate nursing programs within the U.S., the rising Hispanic / Latinx population, and the need for more diversity in nursing and culturally responsive care represented important reasons

why this study was needed. This research uncovered insights about Hispanic / Latinx nursing student experiences as they acculturate into the profession of nursing, including contextual, individual, and personal influences which foster their success. These findings can now be further studied with the intent to help create a foundation for an inclusive learning environment, promote future Hispanic / Latinx nursing student success, and enhance diversity within the nursing profession.

CHAPTER II

INTEGRATIVE LITERATURE REVIEW

Background

The U.S. population is rapidly growing in diversity, and by 2043 those who are from URM groups are projected to become the majority (U.S. Census Bureau, 2016). The Hispanic / Latinx population represents the fastest growing URM population within the U.S. In 2016, one in six people living in the U.S. was Hispanic / Latinx; by 2060, this ratio is predicted to be one in three (U.S. Census Bureau). In contrast, the nursing profession remains a predominantly female, Caucasian profession, and while its diversity is slowly increasing, it is not doing so at the national pace (AACN, 2015). The gap is expected to widen in upcoming years (AACN). Recent reports indicate that only 3.6% of practicing nurses within the U.S. identify as Hispanic / Latinx (NCSBN, 2018), and next to American Indian and Alaskan Natives, Hispanic / Latinx nurses represent the second smallest ethnic group of nurses nationally (Minority Nurse, 2015).

An abundance of literature ties the persistence of health disparities with the shortage of minority groups within health care professions (IOM, 2002; NLN, 2016; RWJFIM, 2016; The Sullivan Commission, 2004). The lack of Hispanic / Latinx nurses is particularly problematic, not only because of the rising numbers of Hispanic / Latinx people in the U.S., but also because this group is highly impacted by health disparities. Challenges currently arise when nurses attempt to address health disparities and provide

culturally responsive care, because most nurses are Caucasian females and are not intimately familiar with their patients' cultures (AACN, 2015; NLN, 2016; RWJFIM, 2016). For health disparities to lessen, nursing must become a more diverse profession. To that end, national initiatives aimed at increasing the diversity of the nursing workforce are being put in place, including efforts to recruit and retain more nursing students from underrepresented groups (NLN, 2017).

According to the AACN (2017), Hispanic / Latinx students accounted for 6.8%, 7.7%, 8.4%, and 11% of entry level baccalaureate nursing students across the U.S. in 2010, 2012, 2014, and 2017 respectively. While the trends look encouraging, more work needs to be done. These numbers do not come close to approximating the U.S. population; moreover, admitted student numbers do not equate to those who graduate. Students who represent minorities in gender, race and ethnicity continue to experience overall higher attrition rates than Caucasian females (AACN, 2015; NLN, 2017). It is unknown exactly why Hispanic / Latinx nursing students tend to experience less success in pre-licensure nursing programs than the majority group of Caucasian females. This integrative literature review addresses the issue by establishing what is currently known about Hispanic / Latinx nursing student experiences within the U.S., providing a platform upon which to design, measure, and evaluate evidence-based educational strategies aimed at fostering their success.

Purpose

Increasing the recruitment and retention of URM nursing students is urgently needed to increase the diversity of the nursing profession. This cannot be successfully

achieved without having a thorough understanding of their experiences. The aim of this literature review is to describe current knowledge reflecting the complex process that Hispanic / Latinx pre-licensure nursing students experience as they acculturate into the profession of nursing.

Theoretical Framework

The Theory of Cultural Marginality (Choi, 2008) guided this review, providing a nursing-specific framework for addressing the multidimensional factors that influence Hispanic / Latinx pre-licensure nursing students. The theory is useful not only in considering the experience of acculturation into nursing for Hispanic / Latinx pre-licensure nursing students, but also in organizing and conceptualizing the existing literature according to the theory.

Choi (2008) developed the Theory of Cultural Marginality to describe the experience of Korean adolescent immigrants as they straddle two distinct cultures following relocation to the U.S. Marginal living is one major concept of the theory and reflects being in transition between two cultures. During this time, individuals work at engaging in new relationships while simultaneously maintaining old ones. The new culture may display contradictions, such as appearing welcoming while also demonstrating discrimination toward the individual. At the same time, the culture of origin places pressure on the individual to forge new relationships but keep investing time and energy in the old. The theory posits that this cross-cultural conflict is felt as tension with a pushing / pulling quality, impacting the individual negatively by creating identity confusion, anxiety, ambivalence, feelings of alienation, and uncertainty. Cross-

cultural conflict may also impact the individual in a positive manner, however, by fostering resilience, hope, and providing an impetus for growth (Choi).

Cross-cultural conflict recognition occurs when individuals feel this tension and recognize the differences between the two cultures, including culture-specific value systems and expectations (Choi, 2008). In an effort to ease cross-cultural conflict, individuals may engage in a variety of adjustment responses. One of these responses is assimilation, where the individual is absorbed into the new culture, leaving the culture of origin behind. Reconstructed return is another response, where the individual returns to the culture of origin, but is changed because of their experience in the new culture. Some individuals feel as though they are on the periphery of both cultures, but not really included in either. This phenomenon is known as poise. Integration occurs when individuals create a third culture by blending the culture of origin and the new culture. In doing so, they experience an enhanced sense of belonging, psychological growth, integration of identity, and confidence. Adjustment responses are not mutually exclusive, but are contextual, situational and dynamic. No one response works for everyone, and individuals may experience different responses at different times (Choi).

Contextual influences impact how individuals respond to the acculturation process, and reflect characteristics of the dominant group (Choi, 2008). For example, if the dominant group is open, welcoming, has resources available to the newcomer, and has a diverse composition with supportive people in power positions and supportive group members, the theory suggests that newcomers will experience less stress and acculturation will be facilitated. Personal influences impact the acculturation process as

well, such as age at immigration, length of stay in the new culture, language proficiency, ethnic identity, socio-economic status (with presumed availability of resources), pre-immigration experiences, resilience, openness, and coping strategies (Choi).

Choi's (2008) theory provides context for understanding the complexity of the acculturation process for Hispanic / Latinx pre-licensure nursing students entering the culture of nursing and offers nurse educators direction in understanding and identifying how students may respond. The theory illustrates how the context of the nursing education environment acts as an important influence for these students, as well as how students' personal influences impact their acculturation into nursing. Because the theory recognizes these influences, it encourages nurse educators to develop learner-centered, culturally responsive educational strategies designed to facilitate URM nursing student success.

Method

This integrative review of current knowledge about the experiences of pre-licensure Hispanic / Latinx nursing students as they acculturate into the profession of nursing follows the methodology proposed by Whittemore and Knafl (2005), including problem identification, literature search, data evaluation, data analysis, and presentation. A comprehensive literature search was performed using online databases of Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, Education Full Text, and ProQuest Dissertations and Theses Global. Consultation with a reference librarian aided in the development and refinement of the search terms used in the databases, ensuring a thorough and comprehensive search. Search terms used and results yielded

are found in Table 1. Additionally, reference lists of studies included in this integrative review were appraised for the inclusion of additional relevant literature. A *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)* flow diagram (Moher, Liberati, Tetzlaff, & Altman, 2009) reflecting the search process is found in Figure 1.

For inclusion in this review, literature had to be research conducted within the U.S. since 2007, published in English, and focused on Hispanic / Latinx nursing student experiences or outcomes. Literature focusing on Hispanic / Latinx new graduates was also included, since this represents an important phase of acculturation into nursing. Research was excluded from this review if it was published before 2007, conducted outside the U.S., and/or focused on other types of students such as graduate nursing students. Non-research references, such as commentaries, letters, expert opinion, and review articles were also excluded, as was research about URM nursing students in general but not specific to Hispanic / Latinx students. Titles and abstracts were reviewed for relevance, eliminating many references, and a full-text review of the remaining references further narrowed the literature. In total, 18 research articles and dissertations met the selection criteria and were included in this review.

Table 1

Search Strategy Report: Hispanic Pre-licensure Nursing Students Within the United States

Database: CINAHL

Set #		Results
1	MH "Students, Nursing, Associate" OR MH "Students, Nursing, Baccalaureate+" OR MH "Students, Nursing, Diploma Programs" OR ((MH "Schools, Nursing" OR nurs*) AND (MH "Education, Nursing, Associate" OR MH "Education, Nursing, Baccalaureate+" OR MH "Education, Nursing, Diploma Programs" OR BSN OR baccalaureate OR prelicens* OR bachelor* OR associate OR associate's OR associates OR diploma*) AND (MH "Students+" OR student OR students))	10900
2	MH "Hispanics" OR Latina OR Latinas OR Latinx OR Latinxs OR Latinx OR Hispanic OR Hispanics OR Spanish	45507
3	#1 AND #2	133
4	#3 Limit 2007-; English language	82
5	#4 NOT PT (Commentary OR Editorial OR Letter)	82

Database: PubMed

Set #		Results
1	("Education, Nursing"[Mesh] OR "Schools, Nursing"[Mesh] OR nurs*[tiab]) AND ("Education, Nursing, Associate"[Mesh] OR "Education, Nursing, Baccalaureate"[Mesh] OR "Education, Nursing, Diploma Programs"[Mesh] OR BSN[tiab] OR baccalaureate[tiab] OR prelicens*[tiab] OR bachelor*[tiab] OR associate[tiab] OR associate's[tiab] OR associates[tiab] OR diploma*[tiab]) AND ("Students"[Mesh] OR student[tiab] OR students[tiab])	11463
2	"Hispanic Americans"[Mesh] OR Latina[tiab] OR Latinas[tiab] OR Latinx[tiab] OR Latinxs[tiab] OR Latinx OR Hispanic[tiab] OR Hispanics[tiab] OR Spanish[tiab]	89178

3	#1 AND #2	89
4	#3 AND English[lang] AND ("2007/01/01"[PDAT] : "3000/12/31"[PDAT])	53
5	NOT (Editorial[ptyp] OR Letter[ptyp] OR Comment[ptyp])	53

Database: Education Full Text

Set #		Results
1	(DE "Nursing education" OR DE "Nursing schools" OR nurs*) AND (DE "Bachelor's degree" OR DE "Associate degree education" OR DE "Associate degree nursing education" OR BSN OR baccalaureate OR prelicens* OR bachelor* OR associate OR associate's OR associates OR diploma*) AND (DE "Students" OR DE "Nursing students" OR student OR students)	2334
2	DE "Hispanic American students" OR Latina OR Latinas OR Latinx OR Latinxs OR Latinx OR Hispanic OR Hispanics OR Spanish	28218
3	#1 AND #2	30
4	#3 Limit 2007-; English language	28

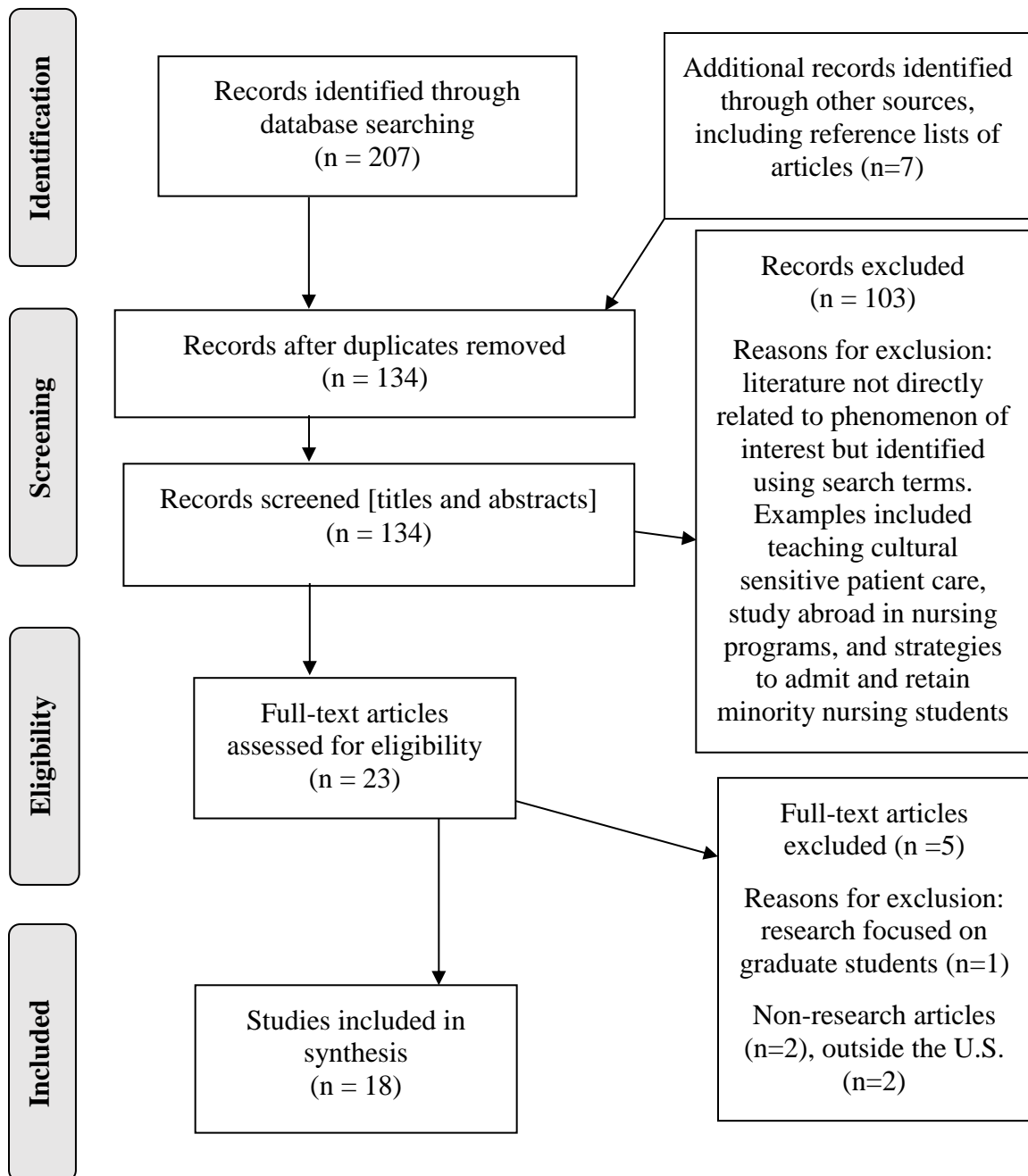
Database: ProQuest Dissertations & Theses Global

Set #		Results
1	(SU("nursing schools" OR "nursing" OR "nursing education") OR AB, TI, DISKW(nurs*)) AND (AB, TI, DISKW(BSN OR baccalaureate OR prelicens* OR bachelor* OR associate OR associate's OR associates OR diploma*)) AND (SU("university students" OR "college students" OR "students") OR AB, TI, DISKW(student OR students))	3510
2	SU("hispanic students") OR AB, TI, DISKW(Latina OR Latinas OR Latinx OR Latinxs OR Latinx OR Hispanic OR Hispanics OR Spanish)	47883
3	#1 AND #2	51
4	#3 Limit 2007-; English language	29

Figure 1

PRISMA Flow Diagram

Query: What is known about Hispanic/Latinx pre-licensure nursing students in the United States as they acculturate into the profession of nursing?



Results

Studies in this review included a variety of designs reflecting qualitative and quantitative research. Of the 18 studies that met inclusion criteria, 13 were qualitative, four were quantitative, and one was a mixed methods design. Qualitative designs included descriptive qualitative, phenomenology with and without bracketing, and grounded theory. Quantitative designs included cross sectional descriptive and exploratory studies, as well as one secondary data analysis. The mixed method study employed a convergent mixed method design with descriptive qualitative interviews and electronic surveys. Thirteen of the studies were published, and were found in nursing and nursing education journals, as well as cultural diversity journals. The remaining were unpublished dissertations. Over a third of the studies (n=7) were conducted in Texas; the rest took place in various locations around the U.S. No studies took place in the Southeastern U.S.

Samples varied among the studies. Three studies were conducted exclusively with newer practicing nurses who were Hispanic / Latinx, and another two used a mixed sample of pre-licensure nursing students and newer practicing nurses. One study examined staff, faculty, and administrator perceptions of resources available for Hispanic / Latinx nursing students but did not include students in their sample; another used data shared from administrators of pre-licensure nursing programs in Texas to compare resources offered with graduation rates of Hispanic students. One study compared Hispanic / Latinx nursing students' and administrators' perceptions of barriers and supports, while another compared Hispanic / Latinx and American Indian students'

perceptions of barriers in nursing school with the views of Caucasian students. Many of the studies focused on a specific component of the Hispanic / Latinx nursing student experience, such as recruitment and retention, resources offered, academic performance in a course, barriers to program completion, completion of programs after an academic failure, and support for student retention. Of the nine studies that kept their sample specific to Hispanic / Latinx pre-licensure nursing students, six were single site studies, limiting applicability to other locations. No studies were retrieved that addressed the entirety of the experience for Hispanic / Latinx pre-licensure nursing students acculturating into nursing.

Discussion

The subheadings that follow correspond to aspects of the acculturation process experienced by Hispanic / Latinx nursing students according to the Theory of Cultural Marginality (Choi, 2008). These have been used to organize and synthesize the literature and frame the discussion within the broader context of the theory. Table 2, found at the end of this chapter, contains a matrix with details of all the included studies.

Marginal Living and Across-Culture Conflict

Choi (2008) describes marginal living as the tension that is experienced when individuals find themselves between their culture of origin and a new culture; this tension has a push/pull quality, and results in across-culture conflict. Experiences consistent with marginal living were described in nine of the studies reflecting Hispanic / Latinx pre-licensure nursing student perspectives. Bond, Gray, Baxley, Cason, and Denke (2008) described the tension that study participants experienced between having to fulfill family

values and expectations and the commitment necessary to succeed in nursing school. This tension was further compounded for one participant on the basis of his gender, who indicated that when his family member heard he wanted to be a nurse, he was instead encouraged to become a doctor (Bond et al.). Some female participants in Bond et al.'s study did not feel that family wanted them to succeed, because being an independent nurse directly contrasted to cultural expectations of females staying at home and "meeting your family load" (Bond et al., p. 140). Participants in other studies described an almost verbatim experience. In some cases, participants felt that the sense of pressure from their culture of origin was almost overpowering, since their performance in nursing school not only reflected on them as individuals but on their families as well (Dolan, Young, Cesario & Symes, 2015; Handlos DeVoe, 2015; Thompson, Guajardo, Tapp & Jezek, 2012). Participants in Rivera-Goba and Nieto's (2007) study identified experiences consistent with marginalization, described as living "between two worlds" (p. 44). These participants described feeling isolated within their nursing programs on the basis of their ethnicity, as well as having to juggle their school demands around family and financial responsibilities. They were often advised to work less by faculty who did not understand the extent of financial and family commitment that these students held; these faculty actions resulted in participants feeling misunderstood and further isolated (Rivera-Goba & Nieto).

Moceri (2010) described similar experiences voiced by study participants, such as the "cultural obstacles related to participants' heavy primary family responsibilities that conflicted with the demands of nursing education" (p. 5). Additionally, these participants

experienced cultural dissonance when the academic culture of competitiveness clashed with their cultural values of working cooperatively. Participants in Evan's (2008) study went as far as to say they were "attached at the umbilicus" to their families (p. 214). Dolan et al. (2015) noted similar feelings of tension experienced by Hispanic / Latinx nursing students, who described family members being proud of them for attending college yet teasing them about reducing participation in family activities; at times these students felt their families did not support them in their student role and instead expected fulfillment of traditional roles. This created stress and feelings of self-doubt for participants. Diaz (2015) reported that for those who are Hispanic / Latinx, "family takes precedence... family is an institution" (p. 133). Despite the pressures faced engaging in the new culture of nursing while maintaining relationships in their culture of origin, family was also seen as a major support and source of strength for Hispanic / Latinx participants across many studies. For research that was qualitative in nature, the importance of family and community as a support was described either explicitly or implicitly in the discussion of themes (Diaz, 2015; Dolan et al., 2015; Evans, 2008; Handlos DeVoe, 2016; Moceris, 2010; Nadeau, 2014; Rivera-Goba & Nieto, 2007; Sheils, 2010; Thompson et al., 2012).

According to the Theory of Cultural Marginality, the new culture itself may display contradictions, such as appearing to be welcoming but demonstrating discrimination towards the individual; the theory posits that this can create anxiety, uncertainty, and feelings of alienation in the individual attempting to negotiate the acculturation process (Choi, 2008). This phenomenon was observed across numerous

studies. For example, participants described feeling different and standing out because there were few Hispanic role models in nursing education as well as a scarcity of Hispanic / Latinx nurses (Alicea-Planas, 2017; Morales, 2010; Nadeau, 2014; Rivera-Goba & Nieto, 2007). One participant stated “It’s very hard to connect with most of the people that go here. I feel like they have this pre-conceived notion that you are really different” (Alicea-Planas, p. 161). Others reported incidences of racism or discrimination from peers and faculty (Mocerri, 2010; Rivera-Goba & Nieto; Thompson et al., 2012). A particularly poignant example of feeling different was voiced by one Hispanic undergraduate nursing student. “[Nursing school] friends tell me I’m weird when I can’t afford to participate in what they do because I have to work... [this] makes me feel like I’m not a part of a group because I don’t have money and have to work; it is embarrassing” (Thompson et al., p. 1854). Another participant in the same study added, “When you’re pretty and white you have it made and are accepted because stuff doesn’t happen to you. You don’t have to go in a store and have people look at you like you are going to steal or can’t afford it” (Thompson et al., p. 1854). This sense of being different did not go away for some once they had graduated; practicing nurses noted “I’m the only Hispanic nurse” and voiced feelings of loneliness (Morales, p. 1296).

The Theory of Cultural Marginality asserts that cross-cultural tension may impact individuals in a positive manner, through the development of resilience and hope (Choi, 2008). These concepts are prominent throughout the literature included in this review. Many qualitative studies discovered a theme of personal resilience or determination through their inquiry into the experiences of Hispanic / Latinx pre-licensure nursing

students (Bond et al, 2008; Moceri, 2010; Nadeau, 2014; Sheils, 2010, Thompson et al., 2012), while others noted the prominence of hope and being goal-oriented within student descriptions of their experiences (Diaz, 2015; Moceri). Students in Sheils' study described doing whatever it took to achieve their goal, while participants in Moceri's inquiry identified "being cabezona", or stubborn in their ability to overcome obstacles and reach their goals (p. 9).

Easing Cultural Tension and Adjustment Responses

According to the Theory of Cultural Marginality, individuals respond to cross-cultural conflict in various ways to ease cultural tension (Choi, 2008). This literature review did not reveal that Hispanic/ Latinx nursing students assimilate or become completely absorbed into the culture of nursing while leaving their culture of origin behind. Nor would assimilation be a desired response since the nursing profession needs more Hispanic / Latinx nurses who can identify with and relate to patients of similar ethnicities. Other adjustment responses as described in the theory, however, are evident in the literature included in this review.

Many students across multiple studies described experiences consistent with poise (Choi, 2008) or being on the periphery of both cultures. These students identified feelings of isolation, loneliness, not fitting in, feeling different, and/or being anxious (Alicia-Planas, 2017; Moceri, 2010; Morales, 2010; Nadeau, 2014; Nieto, 2007; Rivera-Goba & Nieto, 2007; Thompson et al., 2012). Several authors noted that Hispanic / Latinx nursing students often must commute, instead of living on or near campus, which adds physical and psychological distance between the student and the nursing school and

further exacerbates feelings of isolation (Alicea-Planas, Evans, 2008; Thompson et al.). Most authors noted that attrition rates, reflective of reconstructed return in the theory, are higher for Hispanic / Latinx pre-licensure nursing students than the majority group in the background of their study but could not explain exactly why this higher attrition occurred. Other researchers tried to identify specific predictors that would lower attrition, but none of these predictors took into account the complexity of the process nor the prominent role that the culture of origin plays for these students (Diaz, Sanchez, & Tanguma, 2012; Dolan et al., 2015; Loftin, Newman, Bond, Dumas & Gilden, 2012; Torregosa, Ynalvez, Schiffman, & Morin, 2015).

One researcher approached attrition from a different stance, studying ways to promote Hispanic / Latinx nursing student success after academic failure. Ninan (2015) used a phenomenological approach to discover how Hispanic nursing students successfully completed their nursing program after academic failure. She described these students going through a state of intense despair after academic failure, but then engaging in self-reflection, changing their strategies, and achieving success through graduating and passing state licensing exams (Ninan).

The Theory of Cultural Marginality describes a fourth response called integration, occurring when individuals create a third culture by blending the culture of origin and the new culture (Choi, 2008). In the literature reviewed here, evidence suggests that integration is achieved by some Hispanic / Latinx nursing students and is a goal for many. Participants not only describe the empowerment they feel when working with Spanish-speaking patients (Dolan et al., 2015; Morales, 2014), but being highly sought

after by employers because of their cultural awareness and multilingualism (Morales). Additionally, some participants shared intentions to work in community settings with underserved populations because of their unique ability to integrate their Hispanic culture with the world of nursing (Sheils, 2010).

Contextual, Independent, and Personal Influences

According to Choi's (2008) theory, contextual factors are important contributors to the acculturation process, and may include characteristics of the dominant group, such as how welcoming and supportive it is, resources available to the newcomer, and group composition. The study of contextual factors is evident in the literature but lacks consistency across studies as to what is studied and measured. Nine studies sought to describe contextual barriers and supports to success, but no consistent designs or instruments were used. Instead, studies reflected a variety of research designs including descriptive qualitative approach with focus groups or private interviews, ethnography, cross-sectional quantitative designs with online surveys, program self-assessment tools, secondary data analyses, and a convergent mixed-method design (Bond et al., 2014; Bond et al., 2008; Diaz, 2015; Handlos Devoe, 2016; Loftin et al., 2012; Moceri, 2010; Rios, 2013; Sheils, 2010; Torregosa et al., 2015). No instrument was used in more than one study, and research varied in terms of the psychometric qualities of the tools reported, limiting generalizability of results. Additionally, research across this integrative review lacked consistency in sample selection; some studies included nursing students, while others focused on administrators, staff, and faculty. Because of these inconsistencies, drawing comparisons or inferences across studies is challenging at best.

Personal influences can also impact the acculturation process, according to Choi (2008), and can include factors such as age of joining the new culture, length of stay, language proficiency, ethnic identity, socio-economic status, and pre-immigration experiences. Research is extremely limited on these influences that impact Hispanic / Latinx pre-licensure students as they acculturate into the profession of nursing. Of the studies reviewed, only one included English language acculturation as a variable that might impact academic outcomes, and this was mediated by the addition of another variable- how much the student interacted with academic networks (Torregosa et al., 2015).

As previously described in this review, other personal influences that Hispanic / Latinx pre-licensure nursing students bring, such as resilience and study habits have been explored by several researchers. All of these have been studied through qualitative study designs (Bond et al., 2008; Diaz, 2015; Dolan et al., 2015; Moceri, 2014; Nadeau, 2014; Thompson et al., 2012). The overarching finding from these studies is the importance of tenacity, or resilience in helping these students achieve their goals.

The take-home messages as the result of this integrative literature review are as follows.

- A) The 18 studies meeting inclusion criteria for this review differed widely in terms of study design, methodology, sample, setting, purpose, and location, making inferences across studies difficult. Certain areas of the U.S. have been more heavily studied, such as Texas, whereas other areas of the U.S. are completing

lacking in research about this phenomenon, even though Hispanic / Latinx people live and attend nursing schools in all 50 states.

- B) Aspects of the Theory of Cultural Marginality appeared across many studies, including the phenomena of marginal living, across-culture conflict recognition, and adjustment responses to ease cultural tension. Some literature reflecting study of contextual influences was found, but research describing individual, personal influences on the acculturation process for Hispanic / Latinx nursing students into nursing is scarcer.
- C) Most of the research focused on a particular aspect of the process but did not seek to understand the complexity or wholeness of the process that Hispanic / Latinx students experience as they acculturate into nursing.
- D) Studies which focused on specific student outcomes, such as passing a certain nursing course or graduating did not take into account how individual characteristics (such as gender, language fluency, country of birth, and/or first-generation college student status) and specific ethnicities within the Hispanic culture impact students. Instead, research considered Hispanic or Latinx students as one group only.

Limitations and Recommendation for Future Research

While the body of literature reflecting URM nursing students' experiences is expanding, there is a great deal of work still to do. To effectively meet national efforts at increasing diversity of the nursing workforce, it is essential to better understand the experience of Hispanic / Latinx pre-licensure nursing students from a broad perspective.

The Theory of Cultural Marginality (Choi, 2008) informs the process that these students experience within their nursing education as they acculturate to the profession of nursing.

Because contextual as well as individual and personal influences contribute to the acculturation experience into the nursing profession for Hispanic / Latinx students, it is essential to study these influences, particularly in how they might promote student success. Several studies have aimed to measure the effectiveness of contextual influences, such as mentoring programs, the impact of financial aid and scholarships, academic advising and technical support through quantitative and qualitative means (Bond et al., 2014; Bond et al., 2008; Loftin et al., 2012; Moceris, 2010; Rios, 2013). Unfortunately, the literature is lacking in evidence of how individual influences, such as English and Spanish language fluency, time spent in the nursing program, time spent in the U.S., whether or not the student was born in the U.S., if the student is a first-generation college student, or if the student belongs to more than one underrepresented population (being Hispanic / Latinx as well as male, for instance) impact the acculturation process into nursing. There is also a scarcity of literature which examines aspects of personal influences that may influence the acculturation process into nursing, such as previous success in another career, time spent in the nursing program, coping strategies, openness to ideas, resilience, and/or personality characteristics. If these influences were better understood, they could be measured, analyzed, and evidence-based educational recommendations made.

The Theory of Cultural Marginality informs potential targets for intervention. Some of these include making resources available to Hispanic/Latinx nursing students

through the formation of cohesive groups of Hispanic / Latinx nursing students across their nursing programs. Other potential strategies worth examining include the facilitation of Hispanic student to Hispanic student mentorship programs and making concerted efforts to hire more Hispanic / Latinx faculty as role models. Further study about the impact of contextual and personal influences individually and cumulatively on the acculturation process of Hispanic / Latinx students in pre-licensure nursing programs is also needed. If these influences are better understood, they can be measured and tested for their effectiveness in promoting student success.

A gap exists in the literature concerning the relationship of teaching methods and styles and the experience of acculturation for Hispanic / Latinx nursing students. DeBrew et al. (2014) noted that faculty should incorporate diversity into nursing education, emphasizing the importance of individualizing education to meet the individual needs of students, rather than taking the approach that to be fair, one must treat each student in the same way. Bond et al. (2008) remarked that ways in which Hispanic / Latinx nursing students are incorporated into class discussions may increase student anxiety and make them uncomfortable because they are asked to provide perspectives reflecting all Hispanic people. On the other hand, Sheils (2010) noted that personal relationships with others including faculty were powerful in fostering Hispanic/ Latinx nursing student success. These hint at the contextual influence that faculty bring to the table, but more study regarding the specific impact that faculty teaching approaches have on the acculturation experience of these students is needed. Similarly, providing continuing education for faculty in ways to provide a more culture-inclusive presentation

of the nursing profession when teaching students is an educational priority, as is the consideration of ways in which to better understand the Hispanic / Latinx nursing student experience.

Clearly, a great deal of work needs to be done, and the current state of the literature informing the experience of acculturation into nursing for Hispanic / Latinx nursing students provides testimony of the challenge. It will take consistent and sustained efforts, moving beyond a simple approach to one that reflects the complexity of the process for URM students acculturating into the profession of nursing. The rewards, however, will be great. Among these includes the potential for nursing education to become a more inclusive educational experience fostering the growth of *all* students, and an opportunity for the profession to truly make a difference in providing culturally responsive care and lessening the health care disparities that continue to afflict many in our nation.

Table 2

Presentation of Studies

Citation	Study Purpose	Theoretical Framework	Study Design	Sample	Findings
Alicea-Planas (2017)	Describe the lived experiences of the Hispanic nursing students including why students leave and what helps them persist	Tinto's Theory of Student Integration	Phenomenology with bracketing (Husserlian approach)	10 Hispanic nursing students at small private religious university in Northeastern U.S., all female, 8 were born in the U.S.	Three main themes: a) <i>Journey into the Unknown</i> [including uncertainty and feeling unprepared academically]; b) <i>Creating a Culture of Acceptance</i> [including not feeling welcomed, having to commute, feeling isolated, finding comfort in others with similar backgrounds]; c) <i>Keeping on Course in Uncharted Territory</i> [including use of campus programs for first generation students and the need for enhanced tutoring]. Study identified the need for more social care, encouragement and cultural validation in addition to academic and financial supports.

Bond, Cason, & Baxley (2014).	Identify barriers and needed support for program completion as perceived by minority nursing students, identify barriers and needed support as perceived by nursing faculty and administrators, compare perceptions of students and faculty / administrators, and compare perceptions of Hispanic and African American students	Adapted Model of Institutional Support	Descriptive cross-sectional design using online questionnaire	90 minority nursing students (Hispanic and African American), 80 nursing faculty, 31 nursing school administrators in Texas	<p>Similar Hispanic and African American student perceptions.</p> <p>Hispanic students felt that seeking information about available financial support was more challenging, but perceived faculty as more interested in their professional growth and socialization.</p> <p>Students perceived fewer scholarship opportunities than faculty perceived. Students felt faculty were less available than faculty believed they were. Students and faculty had similar perceptions about mentoring, academic advising and available technical support.</p>
Bond, Gray, Baxley, Cason,	Identify barriers and supports to retention as	Adapted Model of	Descriptive qualitative approach using	14 Mexican-American undergraduate	Theory guided content analysis revealed supports

Denke, & Moon (2008)	perceived by Hispanic undergraduate nursing students	Institutional Support	focus groups with theory guided content analysis	nursing students in Texas: 9 from a large, public, predominantly Caucasian university and 5 from a small, private, religious university serving minority students. Further sample characteristics not provided.	as well as barriers around the following themes: a) <i>Finances</i> , b) <i>Advising</i> , c) <i>Emotional and Moral Support</i> , d) <i>Mentoring and Professional Socialization</i> , e) <i>Technical Support</i> , and f) <i>Personal Determination</i> .
Diaz (2015) (unpublished dissertation)	Identify and understand internal and external factors contributing to the success of Hispanic BSN students.	Harper's Anti-Deficit Framework, Purnell's Model for Cultural Competence, and Tinto's Student Integration Model	Descriptive exploratory qualitative study with thematic analysis	13 (12 female and 1 male) Hispanic / Latinx nurses graduating in the last year from BSN nursing programs in Florida	<i>Internal and External Motivators</i> , as well as <i>Personal Traits</i> were identified that contributed to student success. <i>Internal motivators</i> : being goal oriented, self-directed, knowledge seeking. <i>External motivators</i> : positive reinforcement from social supports [family, friends, significant others, role models, community] & institutional support from staff, mentors, faculty

					<i>Personal traits:</i> possessing increased self-esteem, self-worth, task orientation.
Diaz, Sánchez, & Tanguma (2012)	Identify academic predictors of nursing academic success in the first academic course taken by nursing majors in a predominantly Hispanic school	None cited	Quantitative exploratory study using logistic regression to assess the predictive value of a) Test of Essential Academic Skills (TEAS) scores, b) prerequisite grade point average (PGPA), c) ATI Critical Thinking assessment exam, and d) student profile characteristics on the success of students in their first Nursing Fundamentals course	173 Hispanic / Latinx nursing students (134 female, 40 male) in a predominantly Hispanic School of Nursing in Texas. 66% had English as their first language.	<p>Predictive value of the independent variables varied according to gender. For males, only the TEAS was statistically significant predictor for success in Nursing Fundamentals course, for females, both the TEAS and PGPA had statistically significant predictive value for success.</p> <p>Most students passed the first fundamentals of nursing course (85% of males, 83.6% of females).</p> <p>TEAS and PGPA helpful in identifying at risk students.</p>
Dolan, Young, Cesario, & Symes (2015)	Describe how Hispanic BSN students manage their	None-grounded theory	Qualitative study using focus groups and private	15 first semester nursing students with at least one parent of	Process identified including 4 phases: <i>Arrival</i> ; <i>Managing</i> ; <i>Evaluation</i> ; and <i>Cyclical Behaviors</i> . Process

	academic activities to promote success during their first semester of nursing school		interviews; grounded theory	Hispanic origin; 12 female and 3 males, all English fluent and American citizens. All attending one BSN program at a public university in Texas. <i>Note:</i> foreign born Hispanic students were excluded from study.	lead to 4 potential outcomes- students performed well and maintained good study habits, students performed well and study habits slipped, unsuccessful students improved study habits and subsequent academic performance, or unsuccessful students did not improve study habits and continued to perform poorly. Challenges included learning the language of nursing in English, finances, family obligations and pressures, self-doubt, that success or failure had implications for entire family so heightened pressure and learning time management skills. Empowerment when with Spanish-speaking patients. Anxiety and lack of confidence with taking exams.
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Evans (2008)	Describe perceptions of barriers to success identified by Hispanic / Latinx and American Indian BSN students; compare and contrast with perceptions of barriers identified by Caucasian students	Theory of Human Caring	Descriptive qualitative design with semi-structured private interviews.	12 Hispanic / Latinx and 2 American Indian nursing students all from lower socio-economic backgrounds (12 females and 2 males) compared with 18 Caucasian students (17 female, 1 male), all from more affluent backgrounds. Two private and two public colleges and universities in Washington as part of a consortium school. Hispanic/Latinx and American Indian students gave 36 interviews over a 3 year period;	Themes included a) <i>Potential Occupations other than Nursing</i> with several Hispanic / Latinx and American Indian students identifying that they would not have been able to pursue professional careers, b) <i>Personal and Academic Barriers to Success</i> including financial resources and need to work while in school, c) <i>Family and Peer Relationships</i> [Hispanic / Latinx and American Indian students having more family responsibilities and desire to spend time with families; Caucasian students sought out peer support and <i>received</i> support from families rather than <i>giving</i> support] and feelings of being welcome in the program [most felt welcome], d) <i>Plans for Service to Family and Community after Graduation</i> [expressed
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				Caucasian students gave one interview each.	more frequently by Hispanic / Latinx and American Indian students- " <i>attached at the umbilicus</i> "], and e) <i>Fear of Academic Failure</i> experienced by more Hispanic / Latinx and American Indian students than Caucasians. Hispanic/Latinx students also identified disconnect with online classes, preferring personal relationships with faculty.
Handlos DeVoe (2016) (unpublished dissertation)	Investigate the recruitment and retention of Hispanic students in an associate degree nursing program as described by nursing school administrators; Compare with Hispanic nursing student perceptions	None described.	Convergent mixed methods study design. Electronic survey used with students and administrators; descriptive qualitative approach used with students via telephone interviews and focus groups.	Qualitative: n=15 Hispanic nursing students in 3 ADN programs in one Mid-Atlantic state. Quantitative: n=7 nursing program administrators; findings reflected central distributions of scores only.	Lack of recruitment efforts specifically for Hispanic students evident in administrator and student responses. Obstacles and barriers reported as language issues, family and work responsibilities, school responsibilities, financial and reading abilities.

Loftin, Newman, Bond, Dumas, & Gilden (2012)	Examine the relationship between perceived supportive characteristics for diversity, as measured by the <i>Healthcare Professions Education Program Self-Assessment Survey</i> and graduation rates of Hispanic and other URM students in prelicensure nursing programs.	Model of Institutional Support	Cross-sectional survey design Program Self-Assessment Psychometrics (PSA) instrument used to perceived supportive characteristics for diversity. Instrument had 6 subscale scores: financial support, emotional and moral support, mentoring, advising, technical support, professional socialization.	Responses received from 59 pre-licensure nursing programs within Texas (BSN programs: n=17, ADN programs: n=42).	Cronbach's alpha score for survey demonstrated strong consistency at 0.87 for overall PSA instrument. Subscale Cronbach's alpha scores ranged from 0.43 to .79. Two PSA subscale scores (financial support and emotional/moral support) associated with increased graduation rates of URM students as determined by Pearson correlation coefficient calculations. <i>Note:</i> No regression model used.
Mocerri (2010)	Document the barriers that Hispanic nursing students face, and explore personal and cultural	Conceptual framework of "Safe Learning Environment"	Descriptive interpretive qualitative design using focus groups and individual interviews,	13 Hispanic nursing students and recent graduates in the Pacific Northwest including 6 current students and 7 graduates	Themes included: a) <i>Facing Obstacles</i> (participant descriptions of institutional and cultural obstacles and discrimination experiences) and b) <i>Achieving Success</i> (institutional [financial aid, faculty support], personal

	strategies contributing to academic success		content analysis used	within the last 18 months (ADN=9, BSN=4); 12 females and 1 male, 11 were born in US, 2 born in Mexico	[having a goal, a dream, desire for a better life, spirituality], social [supportive peer group] and cultural [feelings of solidarity, family support] assets and strategies used for academic success- <i>being cabazona</i> [stubborn]).
Morales (2014)	Understand the lived experience of Hispanic new graduate nurses.	None described	Qualitative study using phenomenology; In depth semi-structured interviews and demographic questionnaire	7 Hispanic / Latinx nurses with < 3 years of nursing experience, (ADN graduates = 5, BSN graduates = 2), Midwest and Southwestern U.S.	Themes included: a) <i>Being an Employee</i> (sought after by employers, bilingual, relief at finishing nursing school); b) <i>Descriptions of Orientation and Transitioning</i> to the role of the nurse; shadows of doubt as a new graduate nurse; c) <i>Being Hispanic</i> and this positively impacting Hispanic patients, and <i>Being Alone</i> - ‘the only Hispanic nurse’; d) <i>Being Bilingual</i> and pulled into patient interpretation for other nurses, and e) <i>Feeling Blessed</i> .
Nadeau (2014)	Discover how successful Latina pre-	None to start; connections to Bandura and	Qualitative design using interpretive phenomenology;	6 Latina nursing students who had completed	Themes identified: a) <i>Facing Academic Challenges</i> (new learning

	nursing students experience and respond to academic challenges	self-efficacy with data analysis	semi-structured private interviews; two interviews per participant	prerequisite courses, all American citizens, English as primary language, 3 were bilingual, study location in Texas.	environments, volume of work, difficulty with test taking); b) <i>Emotional Responses</i> - anxiety, stress, fear- tried not to ask questions or be noticed; c) <i>Seeking Help</i> - more apt to do so if felt welcomed by professors; d) <i>Transcending Academic Challenges</i> through study habits, family support; e) <i>Owning Knowledge</i> - contrast between superficial knowledge and deeper understanding; f) <i>Persevering</i> – parental support and pressure offset discouragement from others; g) <i>Living Out Values and Beliefs</i> - learning <i>situated within relationships</i>
Ninan (2015) (unpublished dissertation)	Understand Hispanic nursing students' experiences of successfully completing a baccalaureate	Tinto's theory of Student Integration	Qualitative: phenomenology using Husserlian approach, using face to face interviews (n=5) and telephone interviews (n=1).	6 Hispanic registered nurses who had graduated less than 2 years before. All participants born in the U.S., 5	Achieving academic success is a process that occurs in 3 distinct, successive states: a) <i>Despair</i> , b) <i>Self-reflection</i> , and c) <i>Change</i> . Despair reflected feelings of intense fear and self-doubt. Self-reflection was a pivotal

	nursing program and passing the state licensing exam for registered nurses despite having failed a nursing course and having been placed on academic probation		Giorgi's steps for data analysis followed.	were bilingual, all were female, living on the "West Coast".	turning point where the dream to become a nurse was "recaptured". Change reflected the student seeking help, improving study habits and time management, and making connections with peers and faculty.
Rios (2013) (unpublished dissertation)	Describe the institutional factors contributing to associate degree in nursing completion by Hispanic male students at one community college in Texas.	Swail's Geometric Model of Student Persistence and Achievement	Qualitative case study design	6 full-time School of Nursing staff, nursing faculty and administrators (4 male, 2 female), study location in Texas.	Recruitment and admission efforts, curriculum and instruction, and to a lesser degree academic services and student services all contributed to an increase in graduation rates for Hispanic males. Financial aid was not confirmed as positively contributing to graduation rates for these participants.
Rivera-Goba, & Nieto (2007)	Understand the experiences of Latina nursing students to identify conditions that	None described	Qualitative approach using private, semi-structured interviews and phenomenology	17 Latina nursing students or recently graduated nurses in Massachusetts	<i>Bridges and Roadblocks</i> described. Family, perseverance and mentors served as bridges. Roadblocks were marginalization, economic

	affect their educational experiences		with content analysis	and Connecticut, all female	status necessitating work while in school. Emphasizes need for mentorship with Hispanic/Latinx faculty and the lack of this.
Sheils (2010) (unpublished dissertation)	Describe challenges to and supports for persistence in a baccalaureate nursing program for Puerto Rican Latinx students.	Tinto's Theory of Student Departure and Austin's Theory of Student Involvement	Qualitative design with focused, semi-structured interviews following an ethnographic (?) design; focus group for member checking. Inductive data analysis used.	10 Puerto Rican Latina students, all female, at a small, private, less selective liberal arts college in Western Massachusetts. Included 3 sophomores, 3 juniors and 4 seniors.	Themes included: a) <i>The Importance of Family</i> , b) <i>Financial Constraints</i> , c) <i>Being Academically Unprepared</i> , d) <i>Bilingualism and Biculturalism</i> [seen as assets], e) <i>Personal Relationships</i> [with family, peers, faculty and patients], f) <i>Plans to Work</i> in community settings with underserved populations, g) <i>Personal Attributes of Determination</i> [doing "whatever it takes to achieve their goal"].
Thompson, Guajardo, Tapp, & Jezek (2012).	Describe the lived experiences of Hispanic undergraduate nursing students attending a private		Interpretive Phenomenology with a focus group setting, data analyzed using Colaizzi method	7 students: freshmen, sophomore, junior and senior students all represented, 6 females, 1 male in Oklahoma	Themes included: a) <i>Family is Everything</i> , b) <i>We Need Each Other</i> [describing risk for isolation, loneliness, stress away from home; struggles between 'who they are, who they should be, and who

	Christian university				<p>they are becoming... battlefield of remaining authentic or assimilating into the mainstream culture of the University'], c) <i>Should I Wear a Mask?</i> [having to make a decision to show their culture and be who they are or adapt to someone else's culture, feeling different and standing out]</p> <p>d) <i>This Isn't Just a School Thing</i> [being the first in the family to attend higher education, parents did not understand the rigor or pressures; culture shock], e) <i>It's a Nice Place, But it's not Home</i> [assumptions about others regarding Hispanic people performing only manual labor, surprise from peers when they made an A]</p> <p>f) <i>The Rightness of Being White</i> [I'm not part of the group; I don't have money and have to work], g) <i>We Won't Break, Work is a</i></p>
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					<i>Necessity</i> [do what it takes to achieve goal; personal and family sacrifice], h) <i>We Make Allowances for Ignorance</i> [discussing aspects of insensitivities from others], i) <i>Making it Right for Us</i> [offering support groups, more minority faculty role models]
Torregosa, Ynalvez, Schiffman, & Morin (2015).	Examine the relationship among English language acculturation, interactions with academic networks, and course grade for Mexican American baccalaureate nursing students.	None described	Secondary data analysis of larger study on predictors of student success English language acculturation measured by the English Language Acculturation Scale (ELAS)	N=164 Mexican American BSN nursing students from 7 schools of nursing within Texas. 133 females, 30 males.	Hierarchical regression analysis performed, along with descriptive information for demographic variables. English language proficiency had no statistically significant influence on interaction with academic networks or course grade; instead entrance GPA impacted interactions with academic networks as well as course grade. Unexpected finding.

CHAPTER III

METHODS

It is essential that minority nursing students' voices are heard, because what they say will be critically important for developing a holistic learning environment, promoting future minority nursing student success, increasing the diversity of the nursing profession, and positively impacting health equity. A current review of the literature, however, reveals that few researchers if any have examined the broader experience of minority students as they acculturate into the profession of nursing from start to finish. Furthermore, few have explored minority student perceptions of contextual, individual, and personal attributes that foster their success. Research reflecting the experience of Hispanic /Latinx nursing students in particular is especially lacking. Given the scarceness of current research in this area, the small number of Hispanic / Latinx nurses and nursing students, the rapidly growing Hispanic / Latinx population within the U.S, the health disparities that this population experiences, and the increasing need for nurses to provide culturally responsive health care to improve health equity, there has never been a more important time to understand experiences of Hispanic / Latinx nursing students.

Ruge (2017) underscores the importance of promoting communication and meaningful interactions with the population one is trying to study, starting with the research question(s) and design. This qualitative research study stemmed from the researcher's inquiry into URM nursing student experiences, the identified gaps in the

literature, her experience as a nurse educator working with baccalaureate nursing students, and her pilot study findings. Pilot study interviews were iterative in nature; participants were asked at the end of each interview for additional questions that they believed were important to explore. One of the strong messages from pilot study participants was the importance of telling the *whole* story of their journey into nursing, because their whole story was more reflective of the highly contextual, complex and dynamic nature of the phenomenon.

Research Questions

The following research questions guided this study: What are the lived experiences of Hispanic / Latinx nursing students as they acculturate into the nursing profession, as described by new graduates of baccalaureate nursing programs in the Southeastern U.S.? Are these lived experiences potentially influenced by gender, English and Spanish language proficiency, family immigration experiences, and/or being a first-generation college student? What are Hispanic / Latinx nursing student perceptions of the personal and contextual influences that foster their success?

Design

The Need for a Qualitative Approach

According to a recent national survey involving over 13,000 nursing faculty, 81.9% of full-time nursing faculty are Caucasian and 94% are female (NLN, 2017). These same individuals represent those who conduct nursing education research, with much of the current research seemingly being conducted *on*, rather than *with* URM nursing students. For instance, researchers have examined stressors, barriers and

facilitators to nursing education for URM nursing students, and differences in academic and clinical performances between types of undergraduate nursing students (Chan et al., 2014; Graham, Phillips, Newman & Atz, 2016; Neubrandner & Metcalfe, 2016; Sedgwick & Kellet, 2015; Sedgwick, Oosterbroek, & Ponomar, 2014). Scales to measure certain attributes of student success, such as belongingness, have been used to determine between-group differences among nursing students; one of these is the Belongingness Scale-Clinical Placement Experience [BES-CPE] scale (Borrott, Day, Sedgwick & Levett-Jones, 2016; Grobecker, 2016; Levett-Jones, Lathlean, Higgins & McMillan, 2009; Levett-Jones, Lathlean, McMillan & Higgins, 2007; Sedgwick & Kellet, 2015; Sedgwick et al., 2014). This scale has undergone psychometric testing for reliability and validity but most of this testing has been conducted with Caucasian female nursing students. Thus, while reliability and validity statistics look impressive, the accuracy of results is uncertain when the tool is used with minority students. Determination of between-group differences ignores variability and diversity within cultural groups and relies on deficit-based perspectives where differences are conceptualized as 'less than' the majority standard (Leticq & Bailey, 2004).

Kirkhart (1995) points out that culture is not static but instead transitional, and that each of us belongs to multiple cultures at the same time. This qualitative study captured the transition and intersectionality that Hispanic / Latinx nursing students experience as they acculturate into the profession of nursing, instead of describing a single snapshot in time. The use of a qualitative approach for the study allowed

participants to explain their experiences in depth, in contrast to research that asks students to describe experiences within text boxes of a questionnaire.

Descriptive Phenomenology

This study required methodology that recognizes that the phenomenon of interest-- the lived experience of Hispanic / Latinx nursing students as they acculturate into nursing-- is complex, dynamic and contextual in nature. Phenomenology, which is both a philosophy and a method, examines subjective human experience, and has been described as a “rigorous, critical, and systematic investigation of a phenomenon” (Struebert & Carpenter, 2011, p. 78). This methodology is helpful for understanding the commonalities of a phenomenon experienced by multiple people when the reality is best understood through the eyes and voice of the people who experience it (Lopez & Willis, 2004; Matua, 2015; Streubert & Carpenter). Because its central goal is to provide an understanding of people’s perceptions of life experiences and the meaning these experiences are assigned, phenomenology can be useful in assisting researchers to describe and clarify phenomena to inform nursing practice or education (Streubert & Carpenter).

Matua and Van Der Wal (2015) differentiate between descriptive and interpretive phenomenological approaches, suggesting that descriptive phenomenology is best for research trying to shed light on poorly understood aspects of life experiences. This study used a descriptive Husserlian phenomenological approach because the goal was to achieve an understanding of a phenomenon about which little was known (Abalos, Rivera, Locsin, & Schoenhofer, 2016). Because the researcher was most interested in the

essential meanings that participants' lived experiences had, every effort was made to put them at ease so that they would feel comfortable sharing. With this goal in mind, interviews took the form of informal, conversational dialogues. Participants told very detailed accounts of their experiences, and the interviewer asked many probing questions to ensure that participant perceptions and details of lived experiences were captured.

While the researcher was very familiar with the Theory of Cultural Marginality by the time that data collection took place, she bracketed her own beliefs about what participants may have experienced and instead focused on the content and meaning that participants were sharing. Bracketing was done to ensure that participants' perceptions were captured, and that researcher bias was minimized. The researcher used an overall guide to direct each interview, but interviews were iterative. Member checking took place verbally during each interview to ensure that their perceptions were captured; examples included the use of reflective phrases to verify that the researcher understood the meaning that participants ascribed to experiences and checking in with participants to learn if experiences shared by others held true for them. After the interview, participants were also sent unmarked and de-identified copies of their interview transcripts to verify accuracy.

In depth, private, semi-structured interviews were used for data collection, so that each participant could share personal experiences without other influences such as the perspectives of other participants (Braun & Clarke, 2013). Face-to-face interviews allowed both researcher and participant to engage in non-verbal social cues. The researcher was very aware of interviewing across difference, since she was neither

Hispanic / Latinx nor an undergraduate nursing student. Every effort was made, therefore, to ensure that participants felt comfortable sharing their authentic experiences and perspectives, not what they thought the researcher wanted to hear. Establishing rapport with participants prior to interviews commencing was essential, and face-to-face, private interviews with a non-judgmental and conversational tone facilitated this. The researcher intentionally dressed informally, and each participant was taken out for their choice of coffee or a meal at a casual restaurant; participants verbally verified that they were relaxed and comfortable before interviews started. In addition, participants received another copy of the informational letter explaining the study and the researcher made sure that any questions that they had were answered prior to the interview commencing. Throughout the interview, the researcher intentionally used casual language, offered to give breaks when participants became emotional, and ensured that questions were posed in a friendly and non-judgmental manner.

In all aspects of the study, the researcher's own positionality and interests and how these might potentially influence the research were taken into account. Streubert & Carpenter (2011) refer to this as reflexivity. Peshkin (1988) emphasizes the importance of examining one's own positionality, since this is the lens through which the research will be viewed and has the capacity to skew, shape, and transform an entire research project from start to finish. The researcher's own position is truly one of intersectionality; as a Canadian who immigrated to the U.S. in her mid-thirties, the researcher has integrated life with those in the U.S., and naturally tends to align with individuals who are not part of a larger majority group. The researcher has been a nurse

for 31 years, governed by the nursing code of ethics that require us to advocate for others and provide care without prejudice (American Nurses Association, 2018), and is passionate about health and health care equity. In addition, the researcher has taught undergraduate nursing for 26 years, and is committed to engaging and including *all* students, and having *all* voices heard. The researcher tried to bracket her own positionality during interviews. Because of race and gender, the researcher suspected she might face resistance or questions about her interest in Hispanic / Latinx nursing students' experiences, since she does not fit that description, but instead was thanked profusely by every participant for her research focus, work, and desire to have their voices heard.

Sample, Sampling Method, and Data Collection

Inclusion criteria for this study were that participants had graduated from a baccalaureate pre-licensure nursing programs within the last six months and self-identified as Hispanic / Latinx. Using new graduates ensured that participants could reflect on the entirety of their experience with their undergraduate nursing education but be minimally influenced by work experiences as a new nurse. Eleven new graduates from three baccalaureate nursing programs within the Southeastern U.S. participated in the study. One of these programs was an accelerated baccalaureate program where students matriculated as second-degree students and completed their nursing studies in four semesters. The other two programs were 'traditional' baccalaureate programs where students matriculate as a mix of first and second-degree students; these programs were five semesters in length. Study participants included nine females and two males,

ranging in age from 22 to 30 years. Three participants had immigrated to the U.S. as children or young adults, seven were the children of immigrants, and one was a fourth-generation U.S. citizen. Participant families came from eight countries of origin, including Chile, Costa Rica, Dominican Republic, El Salvador, Guatemala, Mexico, Spain, and Venezuela. A more detailed table of the demographics of study participants is found in Table Three.

Table 3

Sample Demographics

Gender	Age in years	Immigration Profile	Country of Origin	English / Spanish Fluency	Educational Level of Parents	Interview Length in Minutes
female	28	Fourth-generation U.S. citizen	Spain	Some Spanish fluency	One parent with undergraduate college degree	77
female	30	Immigrant to the U.S. as a young adult	Mexico	Fluent in Spanish, English as second language	First-generation college student	83
female	23	First-generation immigrant, U.S. born	Chile	Fluent in both	One parent with graduate degrees	91
male	23	First-generation immigrant, U.S. born	El Salvador	Fluent in both	First-generation college student	75
female	22	First-generation immigrant, U.S. born	Mexico	Fluent in both	First-generation college student	110
female	24	First-generation	Dominican Republic	Some Spanish fluency	One parent with undergraduate college degree	125

		immigrant, U.S. born				
female	21	First- generation immigrant, U.S. born	Mexico	Some Spanish fluency	First-generation college student	153
male	22	Immigrant to the U.S. as a child	Costa Rica	Fluent in both	One parent with graduate degrees	99
female	24	First- generation immigrant, U.S. born	Guatemala	Fluent in both	First-generation college student	143
female	23	First- generation immigrant, U.S. born	El Salvador	Fluent in both	First- generation college student	124
female	26	Immigrant to the U.S. as a child	Venezuela	Some Spanish fluency	First-parent with undergraduate college degree	103

Following IRB approval and prior to school graduation dates, the researcher identified and contacted a key faculty stakeholder at three baccalaureate Schools of Nursing within North Carolina to explain the study and its purpose. Schools of Nursing were chosen using convenience sampling and were within feasible driving distance for the researcher; all were part of large, urban, public universities. Key stakeholders included Assistant Deans and/or undergraduate program directors as well as those who steered inclusive excellence initiatives within the school. An email or face-to-face contact was made with each these stakeholders to describe the purpose of the study, and an information letter was shared at that time. Following IRB approval, an informational email or announcement, as appropriate to the school, was sent out to pre-licensure

undergraduate senior nursing class listservs by the faculty stakeholder. The email provided information about the study, including its purpose, incentives, and anticipated (minimal) risks. Interested students self-identified and emailed the researcher directly if they wished to participate. Snowballing techniques also were used and helped with identification of additional participants. Through email communication, participants and researcher arranged a time to meet in a location and at a time convenient for them. Data collection lasted five months, beginning in early May 2018 and finishing at the end of September 2018 when data saturation was reached.

Although it was anticipated that interviews would last between 60 and 90 minutes, in reality, they were longer-- between 75 and 153 minutes. Participants were eager to describe their experiences in detail, and interviews were often filled with emotions. At the end of the interview, each participant described the experience of being interviewed as cathartic, and conveyed appreciation and gratitude for the study being conducted.

Initial interview questions were broad and open to facilitate participants speaking about their experiences and perspectives. The first question was very general, asking participants if they wanted to share anything about their experiences as a Hispanic / Latinx nursing student joining the profession of nursing that was particularly impactful for them. Subsequent questions were iterative in nature, but concentrated on the following topics:

- Please share with me the process in you deciding to pursue nursing.

- Family is very important to many people, and it may be the same for you. Can you tell me a little more about your family and your role within it? (The researcher explored whether participants were born in the U.S., if they were first-generation college students, language(s) spoken at home, family expectations, and their role(s) within the family unit. This gave insight into participants' culture of origin).
- Please tell me more about what the application to nursing school process was like for you, and your interactions with resource people inside or outside the school. (As appropriate, the researcher asked more specific probing questions about the role that high school counselors, role models in nursing, friends, family, and faculty advisors played).
- Please share with me what it was like for you in the first week of classes. What were your thoughts and feelings as you sat in your first nursing classes? Did these thoughts and feelings change over time?
- Can you tell me how your experiences in the classroom within the school of nursing impacted your journey in becoming a nurse?
- What were clinical experiences like for you? Please tell me about your relationships with clinical faculty, peers, staff, patients and families, and other health care team members.
- Let's talk about your out-of-class engagement, if you had any, such as use of campus and/or school of nursing resources, and involvement in student organizations. If you participated in these, what value did they bring for you?

- What relationships and interactions were most valuable to you in your nursing school experiences?
- What are your thoughts on whether or not nursing seems to have its own culture? Tell me more about this, and how you fit into this culture.
- What personal attributes do you think you brought with you that fostered your success? What sustained your interest in nursing as a career? How did you manage your time and resources to make your dream happen?
- Were there faculty behaviors that fostered your success, and if so, can you talk about these and their impact on you?
- Please tell me what it was like for you to walk across that stage at graduation.
- Can you tell me about your experience in applying for jobs as a nurse? What unique attributes do you think you bring to the profession of nursing? What are your plans after graduation in terms of where you will practice nursing?
- If you could give advice to other Hispanic / Latinx beginning nursing students, what would it be?

Follow up questions further probed participant lived experiences and facilitated member checking through questions like “Another participant described x, was this true for you?”. The researcher aimed for thick description of the phenomenon (Streubert & Carpenter, 2011), and efforts were made to ensure that the data were rich, narrative, concrete, and reflective of participant experiences, not research hypotheses (Matua, 2015). When participants became emotional while discussing their experiences as nursing students, they were asked they would like a break or stop the interview. Some

participants asked for short recesses, but it was not necessary stop any interviews nor to refer any participants to their primary health care provider for additional assistance. A brief series of demographic questions was posed at the end of each interview, asking participants to identify their age, gender, country of birth, time in the U.S. if applicable, English and Spanish language fluency, and whether or not they were a first-generation college student. Participants were free to omit any questions they did not wish to answer, but all questions were answered by each participant. Participants were given a \$30.00 gift card to an online retailer at the completion of the interview and asked if they would be willing to engage in a brief follow up telephone interview if necessary. Although each agreed to the possibility, follow-up interviews were not needed because data saturation was reached.

Protection of Human Subjects

Because students are a vulnerable population, safeguards must be in place for their protection, including anonymity, privacy and confidentiality. Human subject protection was particularly important for this study given the small number of Hispanic / Latinx nursing students in baccalaureate nursing programs within the geographical area of the researcher. Interviews were conducted privately in a location chosen by each participant, and confidentiality of participants was stressed. Interviews were audiotaped, uploaded into an online cloud-based secure storage system, transcribed verbatim by the researcher herself, double checked for accuracy, and de-identified. Any names used in the interviews were replaced by a blank line with the object in parentheses within the transcript. For instance, if participants mentioned a specific hospital, the name was

replaced by “_____ (hospital)”. Following verification of accurate transcription by dissertation committee members and the researcher, audiotape files were destroyed. A master list linking participant name with participant number was kept for this study on a password protected file on the researcher’s home computer, and this list has been destroyed. All word documents were password protected. Documents and digital recordings were stored in box.uncg.edu and only accessible to the researcher, dissertation chair, and qualitative research expert on the committee. De-identified transcripts were stored in password protected files stored on the researcher’s home password-protected computer.

Data Analysis

Each interview was replayed and listened to several times prior to transcription, to allow for immersion in the data. Member checking occurred throughout each interview, as previously described, and unmarked, de-identified interview transcriptions were emailed to private participant emails of their choosing to verify transcription accuracy. Field notes were kept following each interview, reflecting on key areas to follow up on with subsequent interviews, and a decision-making audit trail was maintained.

Analysis took place during and following data collection for eight months, from May to December 2018. The use of qualitative software (MAXQDA®, 2018) facilitated data organization, and coding was used to focus, simplify and abstract the data. Data collection and analysis simultaneously continued until saturation was achieved after the eleventh participant was interviewed (Streubert & Carpenter, 2011). Because the data gathered in this research study were so prolific, inductive thematic analysis as well as

theoretical thematic analysis was carried out. Both analytical processes followed the steps as described by Braun and Clarke (2006).

Inductive Thematic Analysis

Braun and Clarke (2006) explain that an inductive thematic approach strongly links categories and themes to the data themselves, thereby reflecting a process of coding that does not try to fit the data to a pre-existing coding frame. Braun and Clarke suggest that the first step of an inductive thematic approach is to familiarize yourself with the data. Because this researcher had conducted and transcribed all interviews herself, and replayed each interview several times before, during, and after transcription, a high degree of familiarity with the data was in place prior to coding commencing. In addition, before first level coding took place, transcriptions were read in detail twice-- the first time to ensure that every word was transcribed verbatim, and the second to re-immense the researcher in the data and reflect on the statements made by each participant. Descriptive, process, and in vivo first-level inductive coding resulted in 2705 first level codes.

Braun and Clarke (2006) recommend that second level coding should further distill data. Prior to second level coding commencing, each transcript was reread again. Second level descriptive inductive coding then further distilled the data, resulting in roughly 300 second level codes. A detailed code book was maintained within MAXQDA© (2018), allowing retrieval of passages with the same code, combination of codes, and collapsing of codes into nine categories. Matrices uploaded into Box.uncg.edu reflected this code book. After coding, Braun and Clarke recommend

searching for categories by gathering all data relevant to each, then reviewing categories for fit across the data set and defining each. Ten broad categories were identified that fit across the data set. It was acknowledged by researcher, dissertation chair, and qualitative analysis expert that this number of categories were generally more than is typically produced by a qualitative research study, but that they were distinct enough to warrant individual definition. Categories were therefore left intact and not collapsed further into themes, and definitions for each were formulated, including defining characteristics as well as antecedents and consequences where applicable. Care was given to illustrate similarities and differences of data within each category across the data set. Discussion of categorical definitions derived from inductive thematic analysis is found in Chapter Six.

Theoretical Thematic Analysis

After the inductive analytic process as described above was concluded, a second analysis using theoretical thematic analysis techniques was carried out. This analysis again followed steps outlined by Braun and Clarke (2006). The theoretical thematic analysis provided a less rich description of the overall data set, but a more detailed analysis of aspects of the data set that aligned with Choi's Theory of Cultural Marginality (2008). Results from the theoretical thematic analysis are presented in Chapter Five in the form of a manuscript submitted for publication.

The coding and analysis process for both inductive as well as theoretical thematic analysis was overseen by the researcher's dissertation chair with periodic consultations with the qualitative analysis expert committee member. An additional theoretical

thematic data analysis using the Anti-Deficit Achievement Framework is planned as an independent study following the completion of this dissertation.

Limitations

Limitations of this research were as follows. This study employed a descriptive, phenomenological qualitative approach, and as such the research was not intended to be generalizable to all Hispanic / Latinx undergraduate nursing students nor all Hispanic / Latinx new nursing graduates. Because this study was conducted in one U.S. state, findings may not reflect experiences in nursing programs in other states. Additionally, since the study sample was comprised of graduates of baccalaureate nursing programs, findings may not reflect experiences in associate degree, diploma, or graduate programs. Finally, other factors could have existed which influenced the lived experience of the participants of this study, including events that were not shared by participants. Examples of potential factors not talked about during interviews could be immigration status of family members, fear of deportation given the current political climate in the U.S., and political unrest in participants' countries of origin.

CHAPTER IV

**ACCULTURATION INTO NURSING FOR HISPANIC / LATINO
PRELICENSURE NURSING STUDENTS AND NEW GRADUATES:
INTEGRATIVE REVIEW OF LITERATURE**

Citation

Woodley, L., & Lewallen, L. (2018). Acculturation into nursing for Hispanic/Latino prelicensure nursing students and new graduates: Integrative review of literature. *Nurse Educator*. DOI: 10.1097/NNE.0000000000000610.

Abstract

Background: Increasing recruitment and retention of Hispanic/Latino nursing students is urgently needed to increase the diversity of the nursing profession and address persisting health disparities.

Purpose: This integrative review describes current knowledge of Hispanic/Latino prelicensure nursing student and new graduate experiences.

Methods: A comprehensive literature review was performed using several online databases. Results: The Theory of Cultural Marginality provides structure for organizing and synthesizing the literature. Several concepts from the theory are prominent in the literature, including marginal living and across-culture conflict, easing cultural tension and adjustment responses, and contextual, independent, and personal influences.

Conclusions: The process that Hispanic/Latino prelicensure nursing students and new graduates experience as they acculturate into the profession of nursing is complex. Understanding this process is paramount for nurse educators, and should be the foundation upon which to design, measure, and evaluate educational strategies aimed at fostering student success.

Keywords

Students, Nursing; Education, Nursing; Minority; Hispanic, Latino; Review, Integrative

Background

The United States (U.S.) population is rapidly growing in diversity, and by 2043 those who are from underrepresented minority (URM) groups are projected to become the majority.¹ The Hispanic/Latino population represents the fastest growing URM population within the U.S. In 2016, 1 in 6 people living in the U.S. was Hispanic/Latino; by 2060, this ratio is predicted to be 1 in 3.¹ In contrast, the nursing profession remains predominantly female and Caucasian, and while its diversity is slowly increasing, it is not doing so at the national pace.² Recent reports indicate that only 3% of practicing nurses within the U.S. self-identify as Hispanic/Latino,³ the second smallest ethnic group of nurses nationally next to American Indian and Alaskan Natives.⁴

An abundance of literature ties the persistence of health disparities with the shortage of minority groups within health care professions.⁵⁻⁸ The lack of Hispanic/Latino nurses is particularly problematic, not only because of the rising numbers of Hispanic/Latino people in the U.S., but also because this group is highly impacted by

health disparities. Challenges arise when nurses attempt to address health disparities and provide culturally responsive care, because most nurses are not intimately familiar with their patients' cultures.^{2,6,7} National initiatives aimed at increasing the diversity of the nursing workforce in order to lessen health disparities are being put in place, including efforts to recruit and retain more students from underrepresented groups.⁶

According to the AACN,⁹ Hispanic/Latino students accounted for 6.8%, 7.7%, 8.4%, and 11% of entry level baccalaureate nursing students across the U.S. in 2010, 2012, 2014, and 2017 respectively. While the trends look encouraging, more work needs to be done. These numbers do not come close to approximating the U.S. population; moreover, admitted student numbers do not equate to those who graduate. Students who represent minorities in gender, race and ethnicity continue to experience overall higher attrition rates than Caucasian females.^{2,6} It is unknown exactly why Hispanic/Latino nursing students tend to experience less success in prelicensure nursing programs than the majority group of Caucasian females. This integrative literature review examines the experiences of Hispanic/Latino nursing students.

Purpose

Increasing the recruitment and retention of URM nursing students is urgently needed to increase the diversity of the nursing profession. The aim of this manuscript is to describe current knowledge reflecting the complex process that Hispanic/Latino prelicensure nursing students and new graduates experience as they acculturate into the profession of nursing.

Theoretical Framework

Choi's¹⁰ Theory of Cultural Marginality guided this review, providing a nursing-specific framework for addressing the multidimensional factors that influence Hispanic/Latino prelicensure nursing students and context for organizing and conceptualizing the existing literature. The theory provides context for understanding the complexity of the acculturation process for Hispanic/Latino prelicensure nursing students entering the culture of nursing, and offers nurse educators direction in understanding and identifying how students may respond. The theory illustrates how the context of the nursing education environment acts as an important influence for these students, as well as how individual and personal influences impact the student's acculturation into nursing. Because the theory recognizes these influences, it encourages nurse educators to develop learner-centered, culturally responsive educational strategies designed to facilitate URM nursing student success.

Method

This integrative review follows the methodology proposed by Whittemore and Knafl,¹¹ including problem identification, literature search, data evaluation, data analysis, and presentation. A comprehensive literature search was performed using online databases of Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, Education Full Text, and ProQuest Dissertations and Theses Global. Consultation with a reference librarian aided in the development and refinement of search terms in the databases, ensuring a thorough and comprehensive search. Search terms used and results yielded are described in the accompanying Supplemental Digital Content,

found in Table 1. Additionally, reference lists of studies included in this integrative review were appraised for the inclusion of additional relevant literature. A PRISMA¹² flow diagram reflecting the search process is found in Supplemental Digital Content, Figure 1.

For inclusion in this review, literature had to report research conducted within the U.S. since 2007, published in English, and focused on Hispanic/Latino prelicensure nursing student or new graduate experiences or outcomes. Research was excluded from this review if it was published before 2007, conducted outside the U.S., and/or focused on other types of students such as graduate nursing students. Non-research references, such as commentaries, letters, expert opinion, and review articles were also excluded, as was research about URM nursing students in general but not specifically Hispanic/Latino students. Titles and abstracts were reviewed for relevance, eliminating many references, and a full-text review of the remaining references further narrowed the literature. In total, 18 research articles and dissertations met the selection criteria and were included in this review. A matrix was used to organize studies according to their purpose, theoretical framework if used, design, sample and findings, and is found in Supplemental Digital Content, Table 2.

Results

Studies in this review included a variety of designs reflecting qualitative and quantitative research. Of the 18 studies that met inclusion criteria, 13 were qualitative, 4 were quantitative, and 1 was a mixed methods design. Qualitative designs included descriptive qualitative, phenomenology with and without bracketing, and grounded

theory. Quantitative designs included cross sectional descriptive and exploratory studies, as well as 1 secondary data analysis. The mixed method study employed a convergent mixed method design with descriptive qualitative interviews and electronic surveys. Thirteen of the studies were published and the remaining were unpublished dissertations. Over a third of the studies (n=7) were conducted in Texas; the rest represented other locations within the U.S.

Samples varied among the studies. Three studies were conducted exclusively with newer practicing nurses who were Hispanic/Latino, and another 2 used a mixed sample of prelicensure nursing students and new practicing nurses. One study examined staff, faculty, and administrator perceptions of resources available for Hispanic/Latino nursing students but did not include students in their sample; another used data shared from administrators of prelicensure nursing programs in Texas to compare resources offered with graduation rates of Hispanic students. One study compared Hispanic/Latino nursing students' and administrators' perceptions of barriers and supports, while another compared Hispanic/Latino and American Indian students' perceptions of barriers in nursing school with the views of Caucasian students.

Many of the studies focused on a specific component of the Hispanic/Latino nursing student experience, such as recruitment and retention, resources offered, academic performance in a course, barriers to program completion, completion of programs after an academic failure, or support for student retention. Of the 9 studies that kept their sample specific to Hispanic/Latino prelicensure nursing students, 6 were single site studies, limiting applicability to other locations. No studies were retrieved that

addressed the entirety of the experience for Hispanic/Latino prelicensure nursing students acculturating into nursing.

Discussion

The subheadings that follow correspond to aspects of the acculturation process experienced by Hispanic/Latino nursing students according to the Theory of Cultural Marginality.¹⁰ These have been used to organize and synthesize the literature and frame the discussion within the broader context of the theory. Table One is a matrix with details of all the included studies.

Marginal Living and Across-Culture Conflict

Choi¹⁰ describes marginal living as the tension that is experienced when individuals find themselves between their culture of origin and a new culture. This tension has a push/pull quality, and results in across-culture conflict, which can have positive or negative effects. Experiences consistent with marginal living were described in nine of the studies reflecting Hispanic/Latino prelicensure nursing student perspectives. Bond and colleagues¹³ described the tension that participants experienced between having to fulfill family values and expectations and the commitment necessary to succeed in nursing school. This was further compounded for 1 participant on the basis of his gender, who indicated that when his family member heard he wanted to be a nurse, he was instead encouraged to become a doctor.¹³ Some female participants did not feel that family wanted them to succeed, because being an independent nurse directly contrasted to cultural expectations of Hispanic females staying at home and “meeting your family load.”^{13(p.140)} Participants in other studies described an almost verbatim

experience. In some cases, participants felt that the sense of pressure from their culture of origin was overpowering at times, since their performance in nursing school not only reflected on them as individuals but on their families as well.^{14,15,16}

Participants in Rivera-Goba and Nieto's^{17(p.44)} study identified experiences consistent with marginalization, described as living "between two worlds." These participants described feeling isolated within their nursing programs on the basis of their Hispanic ethnicity, as well as having to juggle their school demands around other responsibilities. They were often advised to work less by faculty who did not understand the financial and family commitments that these students held; participants felt misunderstood and further isolated by this "advice."¹⁷

Moceri's^{18(p.5)} participants described similar experiences, such as the "cultural obstacles related to participants' heavy primary family responsibilities that conflicted with the demands of nursing education." Additionally, these participants experienced cultural dissonance when the academic culture of competitiveness clashed with their cultural values of working cooperatively. Participants in Evan's^{19(p.214)} study went as far as to say they were "attached at the umbilicus" to their families. Dolan et al.¹⁴ noted similar feelings of tension experienced by Hispanic/Latino nursing students, who described family members being proud of them for attending college yet teasing them about reducing participation in family activities. These students felt their families did not always support them in their student role and instead expected fulfillment of traditional roles, creating stress and feelings of self-doubt. Diaz^{20(p.133)} reported that for those who are Hispanic/Latino, "family takes precedence... family is an institution." Despite the

pressures faced engaging in the new culture of nursing while maintaining relationships in their culture of origin, family was also seen as a major support and source of strength for Hispanic/Latino participants across many studies. The importance of family and community as a support was described either explicitly or implicitly in the discussion of themes in qualitative studies.¹⁴⁻²²

According to the Theory of Cultural Marginality, the new culture itself may display contradictions, such as appearing to be welcoming but demonstrating discrimination towards the individual; the theory posits that this contradiction can create anxiety, uncertainty, and feelings of alienation when the individual attempts to negotiate the acculturation process.¹⁰ This phenomenon was observed across numerous studies. For example, participants described feeling different and standing out because there were few Hispanic role models in nursing academia or clinical settings.^{17,21,23,24} Some reported incidences of racism or discrimination from peers and faculty.¹⁶⁻¹⁸ One participant stated “It’s very hard to connect with most of the people that go here... they have this notion that you are really different”^{23, (p. 161)}. One person said, “When you’re pretty and white you have it made and are accepted because stuff doesn’t happen to you. You don’t have to go in a store and have people look at you like you are going to steal or can’t afford it.”^{16(P.1854)} This sense of being different did not always go away after graduation; practicing nurses noted “I’m the only Hispanic nurse” and voiced feelings of loneliness.^{24(p.1296)}

The Theory of Cultural Marginality asserts that cross-cultural tension may impact individuals in a positive manner, through the development of resilience and hope,¹⁰ which

can be seen in the literature included in this review. Many qualitative studies found personal resilience or determination,^{13,16,18,21,22} while others noted the prominence of hope and goal-orientation.^{18,20} Students in Sheils'²² study described doing whatever it took to achieve their goal, while participants in Moceris'^{18(p.9)} inquiry identified "being cabezona", or stubborn in their ability to overcome obstacles and reach their goals.

Easing Cultural Tension and Adjustment Responses

According to the Theory of Cultural Marginality, individuals respond to cross cultural conflict in a number of ways to ease cultural tension¹⁰. Many students across multiple studies described experiences consistent with poise or being on the periphery of both cultures. These students identified feelings of isolation, loneliness, not fitting in, feeling different, and/or being anxious.^{16-18,21,23,24} Several authors noted that Hispanic/Latino nursing students often must commute, instead of living on or near campus, which adds physical and psychological distance between the student and the nursing school and further exacerbates feelings of isolation.^{16,19,23} Most authors noted that attrition rates, reflective of reconstructed return in the theory, are higher for Hispanic/Latino prelicensure nursing students than the majority group, but could not identify a reason. Other researchers tried to identify specific predictors to lower attrition, but none of these predictors took into account the complexity of the acculturation process nor the prominent role that the culture of origin plays for these students.^{14,25-27}

One researcher approached attrition from a different stance, studying ways to promote Hispanic/Latino nursing student success after academic failure. Ninan²⁸ used a phenomenological approach to discover how Hispanic nursing students successfully

completed their nursing program after academic failure. She described these students going through a state of intense despair after academic failure, but then engaging in self-reflection, changing their strategies, and achieving success through graduating and passing state licensing exams.

The Theory of Cultural Marginality describes another response called integration, occurring when individuals create a third culture by blending the culture of origin and the new culture.¹⁰ In the literature reviewed here, evidence suggests that integration is achieved by some Hispanic/Latino nursing students, and is a goal for many. Participants not only describe the empowerment they feel when working with Spanish-speaking patients,^{14,24} but being highly sought after by employers because of their cultural awareness and multilingualism.²⁴ Some participants planned to work in community settings with underserved populations because of their unique ability to integrate their Hispanic culture with the world of nursing.²²

Contextual, Independent, and Personal Influences

According to Choi's¹⁰ theory, contextual factors are important contributors to the acculturation process, and may include characteristics of the dominant group such as how welcoming and supportive it is, resources available to the newcomer, and group composition. Nine studies sought to describe contextual barriers and supports to success, but no consistent designs or instruments were used. Instead, studies reflected a variety of research designs including descriptive qualitative approach with focus groups or private interviews, ethnography, cross-sectional quantitative designs with online surveys, program self-assessment tools, secondary data analyses, and a convergent mixed-method

design.^{13,15,18,20,22,26,27,29,30} No instrument was used in more than 1 study, psychometric qualities of the tools were inconsistently reported, limiting generalizability of results. Sample selection also varied; some studies included nursing students and new graduates, while others focused on administrators, staff, and faculty. Consequently, drawing comparisons or inferences across studies is challenging at best.

Independent influences can also impact the acculturation process,¹⁰ and may include factors such as age of joining the new culture, length of stay, language proficiency, ethnic identity, socio-economic status, and immigration experiences. Research is extremely limited on the independent influences that impact Hispanic/Latino prelicensure students as they acculturate into the profession of nursing. Of the studies reviewed, only 1 included English language acculturation as a variable that might impact academic outcomes, and this was mediated by the addition of another variable- how much the student interacted with academic networks.²⁷

As previously described, personal influences of Hispanic/Latino prelicensure nursing students, such as resilience and study habits have been explored by several researchers, all through qualitative study designs.^{13,14,16,18,20,21} The overarching finding from these studies is the importance of tenacity, or resilience in helping these students achieve their goals.

The findings of this integrative review highlight the following facts about the published work in this area. The 18 studies meeting inclusion criteria differed widely in terms of study design, methodology, sample, setting, purpose, and location, making inferences across studies difficult. Certain areas of the U.S. have been more heavily

studied, such as Texas, whereas other areas of the U.S. are completely lacking in research about this phenomenon, even though Hispanic/Latino people live and attend nursing school in all 50 states. The Theory of Cultural Marginality¹⁰ was a useful lens in which to view these studies. Aspects of the theory appeared across many studies, including the phenomena of marginal living, across-culture conflict recognition, and adjustment responses to ease cultural tension. Some literature reflecting study of contextual influences was found, but research describing personal and individual influences on the acculturation process for Hispanic/Latino nursing students into nursing is scarce.

Most of the research focused on a particular aspect of the process but did not seek to understand the complexity or wholeness of the process that Hispanic/Latino students experience as they acculturate into nursing. Finally, studies which focused on particular student outcomes, such as passing a specific nursing course or graduating did not take into account how individual characteristics (such as gender, language fluency, country of birth, and first-generation college student status) and specific ethnicities within the Hispanic culture impact students. Instead, research considered Hispanic or Latino as one group only.

Limitations and Recommendation for Future Research

Because contextual, individual, and personal influences contribute to the acculturation experience into the nursing profession for Hispanic/Latino students, it is essential to study these influences, particularly in how they might promote student success. Several studies have aimed to measure the effectiveness of contextual influences, such as mentoring programs, the impact of financial aid and scholarships, and

academic advising and technical support.^{13,18,26,29,30} Lacking, however, is evidence of how individual influences, such as English and Spanish language fluency, whether or not the student was born in the U.S., if the student is a first-generation college student, or if the student belongs to more than 1 underrepresented population (being Hispanic/Latino as well as male, for instance) impact the acculturation process into nursing. Also missing are studies examining personal influences that affect the acculturation process into nursing, such as previous success in another career, time spent in the nursing program, coping strategies, openness to ideas, resilience, and/or personality characteristics. If these influences were better understood, evidence-based educational recommendations could be made.

The Theory of Cultural Marginality informs potential interventions. For example, helpful resources such as forming groups fostering cohesion of these students across their nursing programs, facilitating Hispanic student to Hispanic student mentorship programs, and making concerted efforts to hire more Hispanic/Latino faculty as role models might be studied. Further study about the impact of contextual, individual, and personal influences individually and cumulatively on the acculturation process of Hispanic/Latino students in prelicensure nursing programs is also needed.

A gap exists in the literature on the relationship of teaching methods and styles and the experience of acculturation for Hispanic/Latino nursing students. DeBrew, Lewallen, and Chun³¹ noted that faculty should incorporate diversity into nursing education, emphasizing the importance of individualizing education to meet the individual needs of students, rather than taking the approach that in order to be fair, one

must treat each student in the same way. Bond et al.¹³ remarked that ways in which Hispanic/Latino nursing students are incorporated into class discussions may increase student anxiety and make them uncomfortable because they are asked to provide perspectives reflecting all Hispanic people. On the other hand, Sheils²² noted that personal relationships with others including faculty were powerful in fostering Hispanic/Latino nursing student success. More study regarding the specific impact that faculty teaching approaches have on the acculturation experience of these students is needed. Similarly, providing continuing education for faculty in ways to provide a more culture-inclusive presentation of the profession of nursing when teaching students, and considering how to better understand the Hispanic/Latino nursing student experience are also educational priorities. Consistent and sustained efforts are required, moving beyond a simple approach to one that reflects the complexity of the process for URM students acculturating into the profession of nursing.

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CHAPTER V

**ACCULTURATION INTO NURSING: LIVED EXPERIENCES OF HISPANIC /
LATINX BACCALAUREATE NURSING STUDENTS**

This manuscript was submitted to the *Journal of Nursing Education* on January 22, 2019 and is currently in review.

Abstract

Background: This study describes the complex process experienced by Hispanic / Latinx baccalaureate nursing students as they acculturate into the profession of nursing, and explores whether their experiences are influenced by gender, Spanish and English language proficiency, being a first-generation college student, and/or family immigration characteristics.

Method: A descriptive phenomenological approach was used with 11 participants who had recently graduated from three baccalaureate nursing programs in the Southeastern U.S.

Results: Study findings supported concepts in Choi's Theory of Cultural Marginality, including marginal living, cross-cultural conflict recognition, and adjustment responses. Personal and contextual influences also impact the acculturation process for these nursing students.

Conclusion: The Theory of Cultural Marginality is valuable in understanding the process that Hispanic / Latinx nursing students experience as they acculturate into nursing. These students must be considered individually, not as a homogenous group, and educational interventions that acknowledge their multiple pressures and influences should be promoted.

Background

The United States (U.S.) is home to nearly 44 million immigrants- a higher number than any other country (Migration Policy Institute, 2018). The largest group of immigrants identify as Hispanic / Latinx (H/L), with Spanish being their primary spoken and written language (Migration Policy Institute). In 2016, one in six people living within the U.S. was H/L; by 2060, this ratio is predicted to be one in three (U.S. Census Bureau, 2016). As a result, nurses in the U.S. are working with increasing numbers of H/L patients in every health care setting.

Unfortunately, significant health and health care disparities persist within the U.S., particularly among H/L immigrant populations. When patients and families receive health care from professionals who share their racial or ethnic backgrounds, improved health outcomes occur (Healthy People 2020, 2017a; Institute of Medicine, 2002). Nurses are potentially in an excellent position to reduce health inequities for the H/L population given the profession's emphasis on holistic care, health promotion, and illness prevention, but the lack of H/L nurses makes achievement of these goals difficult. Only 3.6% of practicing nurses in the U.S. identify as H/L, representing the second smallest

ethnic group of nurses nationally (National Council of State Boards of Nursing ([NCSBN], 2018).

Initiatives aimed at increasing the diversity of the nursing workforce are currently being implemented, including efforts to recruit and retain more underrepresented minority students (American Association of Colleges of Nursing [AACN], 2015). According to the AACN, H/L students accounted for 11% of all entry-level Bachelor of Science in Nursing (BSN) students within the U.S. in 2017, up from 6.8% in 2010 (AACN, 2017). While this trend is encouraging, minority nursing students experience higher attrition rates than their majority group peers, perpetuating their shortage in the nursing workforce (AACN, 2017; Alicea-Planas, 2008; Alicea-Planas, 2017; DeBrew, Lewallen & Chun, 2014; Dolan, Young, Cesario & Symes, 2015). Higher attrition rates may explain the difference in percentages of beginning BSN students who identify as H/L and those who are practicing nurses. H/L nursing students hold the key to promoting health care equity for the H/L population because they can more easily understand their culture, language, and health practices, and combine this understanding with essential nursing knowledge, skills, and attitudes. In addition to providing culturally responsive nursing care for the H/L population, they can act as role models for other nurses to do the same.

To provide student-centered nursing education designed to foster success, one must first understand student perspectives. Little is known, however, about H/L nursing student experiences within their pre-licensure nursing programs, and no research published to date has documented the complex transition that H/L students experience as

they acculturate into nursing. Instead, most research focuses on specific aspects of their educational experiences. Furthermore, most research has considered H/L nursing students to be a homogenous group, and in doing so, does not account for the fact that culture is transitional, cultural groups are not homogenous, and each of us belong to multiple cultures at the same time (Kirkhart, 1995; LaVeist & Isaac, 2013).

An integrative review of the literature published within the U.S. since 2007 was conducted by these authors, revealing 13 research articles and 5 unpublished dissertations focusing on H/L pre-licensure nursing students or new graduates (Woodley & Lewallen, 2018). Most of the studies were qualitative and focused on recruitment, retention, attrition, available resources, academic performance in specific courses or learning experiences, barriers to learning, or completion of programs after academic failure. Only nine of the studies kept their sample specific to H/L students, and six were single-site studies, limiting applicability to other locations (Woodley & Lewallen). No studies focused on the acculturation experience of H/L students joining the profession of nursing or sought to discover differences in experiences among these students on the basis of individual characteristics.

Theoretical Framework

This study used Choi's Theory of Cultural Marginality (2008) as the theoretical lens through which to investigate the lived experiences of H/L nursing students as they acculturate into nursing, and findings are reported according to the concepts of the theory. Developed from a study of Korean adolescents who had immigrated to the U.S., the theory describes the process of acculturation. Choi posits that as individuals

transition between two cultures, marginal living can result; this in turn creates cross-cultural conflict and stress. Individuals recognize this cross-cultural conflict and attempt to ease it through one of four adjustment responses. These concepts are further described within study findings and in Table Four.

Personal / contextual influences impact the individual's acculturation experience (Choi, 2008). Examples of contextual influences include characteristics of the dominant group in the new culture, such as being diverse, open, welcoming, and having available resources for the newcomer. When these characteristics of the dominant group are present, individuals typically experience less stress and cultural tension. Personal influences include the newcomer's length of stay in the new culture, language proficiency, ethnic identity, socio-economic status (with presumed availability of resources), pre-immigration experiences, and personality characteristics. Although the theory was developed to explain how individuals acculturate into a new ethnic culture after a geographical move, it also provides perspective for understanding how H/L students acculturate into nursing and offers direction for culturally responsive nursing education.

Method

A Husserlian descriptive phenomenological approach was used to explore the lived experiences of H/L nursing students, with in-depth, semi-structured, private interviews conducted to capture the complex transitions experienced by participants. Research questions for this study were as follows: What are the lived experiences of H/L nursing students as they acculturate into the nursing profession, as described by new

graduates of BSN programs in the Southeastern U.S.? Are these lived experiences potentially influenced by gender, English or Spanish language proficiency, family immigration characteristics, and/or being a first-generation college student? What are H/L nursing student perceptions of the personal and contextual influences that impacted their acculturation into nursing?

Institutional review board approval was obtained, and protocols regarding confidentiality and informed consent were observed throughout the study. Inclusion criteria were self-identification as H/L and graduation from a BSN program in the Southeastern U.S. within the past six months. Recruitment strategies included convenience sampling, where third parties such as academic counselors sent informational emails to graduating student listservs of BSN programs within driving distance for the primary investigator (PI), as well as snowballing techniques. Data collection occurred over five months concurrently with data analysis and ceased when data saturation was achieved. After each interview, the PI wrote field notes, providing a written audit trail to enhance study trustworthiness. Member checking took place during each interview, and participants were sent unmarked and de-identified copies of their transcripts to verify accuracy. Individual interviews were audio recorded and transcribed verbatim by the PI, double-checked for accuracy, and reread several times prior to beginning analysis.

Participants

Eleven new graduates from three BSN programs within the Southeastern U.S. participated, including nine females and two males ranging in age from 22 to 30 years.

Three participants had immigrated to the U.S. as children or young adults, seven were the children of immigrants, and one was a fourth generation U.S. citizen. Participant families came from eight countries of origin, including Chile, Costa Rica, Dominican Republic, El Salvador, Guatemala, Mexico, Spain, and Venezuela. Interviews lasted between 75 and 153 minutes, and participants received a \$30 gift card to an online merchant as compensation.

Data Analysis

Braun and Clark's (2006) steps to analysis were utilized since this study required a theoretical thematic analysis approach. Descriptive, process, and in vivo first-level coding was carried out with comparisons after each interview, and second-level descriptive coding further distilled the data. The use of qualitative software (MAXQDA, 2018) facilitated data organization. Matrices were used to organize data and codes, allowing for large volumes of data to be coded, categorized, and defined. Categories were then analyzed in relation to the concepts in Choi's (2008) Theory of Cultural Marginality. Both authors participated in the analysis process, along with periodic consultation with an expert in qualitative methods.

Findings

The findings of this study supported many of the concepts in Choi's (2008) theory.

Marginal Living

Marginal living represents living between two cultures, where individuals are pressured to succeed and form relationships within the new culture while simultaneously

being expected to maintain roles and relationships within their culture of origin. Aspects of marginal living were prevalent across the entire data set. Participants often felt pressure to excel academically and pursue a career that would afford them financial independence. One noted, “I know that when I was born, my parents wanted me to be educated. They wanted me to have what they don’t have”. The pressure to succeed was especially intense among first-generation immigrant participants. One explained that her parents “always told me that the reason that they wanted to stay in the U.S. was because they wanted a better life for me and my brother. They wanted all the educational opportunities that we could get here, and they sacrificed their entire adult life for us. And that was a lot of pressure... I had to achieve something and do something really meaningful to pay them back for all the sacrifices they made”. In addition to being successful in school, several participants felt additional pressure to make their families proud, and to financially support themselves through nursing school. One said, “I just know that I have to do well for my family”, while another admitted “I worked, I went to school, and that is all I did”.

While in nursing school, every participant also described pressure to maintain their role within their families. Examples included being asked to come home every weekend, spending time with extended families, translating, caring for children, cleaning the house, and managing household bills. “Even during final exams” one participant stated, “one of my aunts came to visit from Guatemala. I just felt so much pressure to go spend time with them, but I can’t fail these exams”. Another shared,

We come from an Indigenous Mexican background where they still have that real old-fashioned mindset. The woman is the person that cares for the family and cares for the house. You serve your husband. When I first started nursing school, it was a very difficult transition... I felt guilty in leaving [my kids] with my in-laws, because I would be off studying. My mother-in-law didn't like the idea of me going to school.

Choi's theory explains that marginal living results in a pushing / pulling tension and stress for the individual experiencing the acculturation process. In this study, multiple participants described tension when trying to balance the heavy demands of nursing school with family expectations. "It was definitely a lot of stress because family is very emphasized within the Latinx culture" said one participant. "I didn't know what I was going to do", stated another, adding that she did not have a back-up plan if she was unsuccessful in nursing school. Tension was most pronounced in the beginning semesters of the nursing program, with several participants relaying difficult choices of spending time with family versus studying.

Marginality is further compounded by the new culture displaying contradictions, such as newcomers being offered a warm welcome and the promise of opportunity and resources, but instead, facing overt and covert discrimination (Choi, 2008). As a result, these individuals may experience anxiety, feelings of isolation, and uncertainty. Consistent with the theory, most participants in this study described mixed messages coming from peers, faculty, and the learning environment itself. Several noted that while school of nursing and university-wide websites encouraged a diverse applicant pool, they struggled to gain a sense of belonging once there. One stated, "I'm a non-traditional student coming from a community college, so it's like I'm kind of questioning

myself...did I even make the right choice of coming here?” Some described feeling isolated; another stated, “I remember just feeling like I was very different from the majority of the people”. Several participants described microaggressions from peers, and two felt unsafe to discuss opinions and views with classmates. “You think you feel safe or you feel comfortable in the nursing building, and there’s some people who don’t even want you there”, stated one.

A lack of H/L faculty and classroom content reflective mostly of the majority group sent further mixed messages. One participant disclosed,

During health assessment, with cyanosis, we’d always look at the skin color- I’d wonder, what do you do if the person is brown or black? Neuro assessments. I remember during the neuro lecture, they didn’t once say anything about getting an interpreter if they don’t speak the language of your choice. And I thought about that... and wondered, how did you ask the patient to complete all these commands?

According to the theory, negative results of stress associated with marginal living can result. Some participants tried to shrug off this stress, stating “I’m there and whatever the majority is, that is what it is”. One participant stated, “...I’ve just kind of accepted it... that’s how I’ve lived throughout my entire life, as a Latina immigrant. I don’t really question it...because we don’t really belong here.” Several study participants explained that they were uncomfortable reaching out to faculty or classmates outside their core support group. One explained why, stating “being isolated, you’re not going to say, ‘I need help with this’”.

The theory explains that in addition to negative results of stress, positive aspects of growth and change can also occur as a result of marginal living (Choi, 2008). Findings

from this study supports this claim. Participants reflected on the process of acculturating into nursing, often becoming emotional as they described their personal and professional growth that developed. One said through tears, “don’t give up... never let anyone tell you [that] you can’t”. Several leaned on spiritual faith to carry them through challenges in their nursing programs; as one participant put it, “that’s when I grasped my faith... I was like ‘God, you put me here for a reason. There’s a reason why I’m supposed to be here’”. All participants spoke of the resilience and perseverance that they developed as a result of joining the profession of nursing.

A critical developmental task associated with marginality is confirming one’s identity and values within a peer group (Choi, 2008). Within this study, most participants actively sought out other H/L nursing students as members of their core support group, starting immediately upon entering nursing school. One said, “My instinct was to count how many brown people I saw. Not African American brown people, I mean Hispanic people”. Another noted the impact of her peer support group once she found them.

There were four of us who stuck together through nursing school. I think, honestly, that’s probably what helped me out the most... Because, after clinical or after class, we would all talk about how we felt, or our struggles. A lot of our struggles were very similar...That to me was really, really helpful.

Not all participants, however, identified with a H/L peer group. Some, who described themselves as being more “Americanized” or lighter skinned, shared a sense of belonging and identity with Caucasian students. “I never felt that I belonged in that group, because I don’t look Hispanic...I didn’t have a ton in common with them. And usually they

would live in Hispanic communities... I lived in the white suburbs with no Hispanic people in my neighborhood”, stated one participant.

Cross-cultural conflict recognition occurs when individuals experience and recognize differences in value systems, behaviors, and norms between the two cultures, and is influenced by differences in individual perceptions and responses (Choi, 2008). Study findings support this concept since participants varied in their perceptions and responses to the process of acculturating into nursing and implored others not to consider them as a single group. This is an important finding since previous research has considered these students as homogenous.

Personal Influences

Varying perceptions and experiences shared by study participants related to a number of factors, including gender, family immigration characteristics, external appearances, language fluency, and whether or not they were a first-generation college student. Male participants shared lived experiences reflective of being a ‘double minority’ in nursing. For instance, one described his family’s initial reaction to his career choice since “nursing is women’s work”. Another shared his preceptor’s remarks that males are ‘better suited’ to specific clinical environments like the Emergency Room and discouraged him from providing perineal care for his female patients. While these stereotypes about males in nursing did not occur often, they were impactful.

Immigration experiences of participant families also accounted for differences in participants’ acculturation into nursing. One participant with a more Americanized family voiced that she was “just trying to become a nurse like any other race”, and

recommended blending into the majority as a strategy for success. Others, who were either immigrants themselves or the children of immigrants to the U.S experienced intense pressure to succeed. Several first-generation immigrant participants described having to educate their own families on what nurses did because of differences in nurses' roles in their countries of origin. One participant even created a Prezi© presentation for family members to justify nursing as a career.

The acculturation process also appeared to be influenced by participants' external appearances. For example, some who self-described as having lighter skin or eyes voiced difficulty fitting in with other H/L students, instead sharing a sense of belonging with Caucasian classmates. Others did not feel a sense of belonging with either group and described feeling isolated. Several felt judged on the basis of their darker skin color and that the perception was "because I'm brown, I'm not as smart as you, and I have to work twice as hard".

Individual differences in experiences also appeared related to whether or not the participant was a first-generation college student. Those whose parents had completed post-secondary education had less pressure to support themselves throughout school, more available resources to assist with university and nursing school application processes, and less obligation of frequent family contact. In contrast, those who were first-generation college attendees faced intense familial expectations and felt more alone in the application process. One described a family friend taking her on college tours and helping with the application process; another said, "the whole scholarship and college application was all on my own".

Finally, individual differences were associated with English and Spanish language fluency. One participant, a non-native English speaker, voiced frustration with English vocabulary used on tests that impacted her grades. Other participants spoke of their Spanish fluency impacting their process of acculturating into nursing. For instance, some would not tell others that they spoke Spanish if they were not fluent, because of the perceived expectation that this would bring in the clinical setting. Others fluent in Spanish and English were often called on to translate in the clinical setting, taking away from their opportunities to practice psychomotor clinical skills.

Adjustment Responses

According to the Theory of Cultural Marginality, individuals ease cultural tension and resolve cross-cultural conflict through various adjustment responses (Choi, 2008). One response is assimilation, where the individual is absorbed into the new culture, leaving the culture of origin behind (Choi, 2008). Data from this study did not support this aspect of the theory. Another adjustment response, called reconstructed return, occurs when individuals return to their culture of origin but are changed because of their interactions within the new culture (Choi, 2008). Since this study included only participants who had successfully completed their BSN program and were joining the profession of nursing, this aspect of the theory was not addressed. A third adjustment response is poise, where individuals feel on the edge of both cultures but included in neither. Findings suggest that some participants experienced poise when they struggled with a sense of belonging within nursing as well as their culture of origin.

Integration, a fourth adjustment response, occurs when individuals surpass cultural boundaries and create a new third culture- an important finding not previously reported. Integration took many forms, including deep connections with participant peer support groups, other H/L nurses, and H/L patients and families, and appeared across the entire data set. Most participants described witnessing H/L patients receiving less than quality health care, fueling passion for advocating with these patients. As one noted, “I just feel like they don’t get the respect they deserve”. Sometimes connections with H/L patients started with explaining equipment or procedures, leading to a deeper bond. One participant shared,

When I was doing my maternity rotation...the nurses would help but just translate the medical aspect... one of the patients- she was waiting for someone to come by. And I said, ‘How are you feeling about your newborn?’. She told me that her father had just passed away...she started crying. She wanted someone to hear her and ... I was there to listen to her. She had a lot of questions about her baby... she was like ‘Why are they sticking my baby on her feet?’

In other situations, participants provided critical updates for patients on their health status and assisted with important decision making. One explained,

There was this one patient who had been in a motorcycle accident and he was bleeding...he started getting really pale. He was speaking to me in Spanish, saying ‘what’s going on? I’m feeling very nauseous’. And we saw his face change immediately...he became a code. But he was just looking at me, asking ‘what’s going on, why am I feeling like this? Why is everyone in the room?’ He was looking at me for answers... I was telling him, we will be checking your blood pressure, it seems like you’re bleeding... even though he was freaking out, there was a sense of comfort that I was there.

Each participant spoke with passion about these connections with H/L patients, moved by their vulnerability. They expressed anger, sorrow, and frustration with health and health care inequities. In describing one H/L patient, a participant stated, “You’re going to get sick again... You don’t know what you have... I don’t know how you can be a chronic diabetic with hypertension and cardiac failure, and not know anything about any of your medications, and live your entire life like that. I look at this chart- they’ve been admitted to different hospitals multiple times, for multiple procedures. How many times have they just been overlooked?” Driven by their passion for patient advocacy, every participant articulated specific nursing career trajectories for improving health and health care inequities within the H/L community.

Discussion

Findings from this study suggest that the process of acculturation into nursing for H/L students is complex and multi-faceted. Previous authors have identified that H/L nursing students experience stress while trying to balance a heavy academic load in nursing school with family expectations (Bond et al., 2008; Dolan, Young, Cesario & Symes, 2015; Handlos DeVoe, 2016; Moceri, 2010; Thompson, Guarjardo, Tapp & Jezek, 2012), but this study helps further explain and provide context for that stress. This study also illustrates that the nursing education environment influences how H/L students acculturate into nursing. Other researchers have described incidences of discrimination and stereotyping, students living between two worlds, being misunderstood by faculty, and the lack of H/L role models in academia (Alicea-Planas, 2017; Evans, 2008; Moceri, 2010; Morales, 2014; Nadeau, 2014; Rivera-Goba & Neto, 2007; Thompson et al., 2012;

Young-Brice, Dreifuerst & Buseh, 2018). Similar findings were experienced by participants in this study, providing direction for hiring more diverse nursing faculty who can then provide important mentorship to these students.

Results underscore the importance of not considering H/L nursing students as a homogenous group. This finding, not previously emphasized in existing research, is instrumental in designing learner-centered, culturally responsive educational strategies to facilitate student success. Recognizing how differences in H/L BSN student experiences may be related to gender, language fluency, family immigration characteristics, being a first-generation college student, and external appearances provides an important platform for individualized learner assessments and support. These individual influences and educational outcomes should be further studied to better understand best teaching / learning practices.

Finally, results from this study suggest that H/L BSN students and graduates can and do make a difference in the health care of H/L patients. Each study participant described immediate connections that they experienced with H/L patients and families, sharing powerful stories of connections made and how patient care was impacted. This finding, while it needs further study with measurable patient outcomes, could represent a beginning step in our work towards minimizing health disparities experienced by the H/L population in the U.S.

Implications and Recommendations for Future Study

Just as the nursing profession must work towards providing culturally responsive care to the diverse patients, families, and communities whom we serve, schools of

nursing must recognize the importance of providing culturally responsive nursing education to attract and support diverse nursing students. Results from this study suggest that H/L BSN students do experience a process of acculturation when they join nursing, beginning before they enter nursing school and continuing after they graduate. While in nursing school, most H/L students seem to experience aspects of marginal living and cross-cultural conflict recognition, easing cultural tension through a variety of adjustment responses. Nurse educators should recognize and acknowledge the multiple demands and pressures experienced by H/L BSN students and tailor support towards being culturally responsive. Advising students to simply work less or cut down on family responsibilities may not be viable options and instead demonstrate a lack of understanding; in turn the student may be less likely to reach out.

Furthermore, although nurse educators cannot control pressure placed on students from their culture of origin, they are highly influential in shaping the educational environment. Important roles for nurse educators include ensuring that contradictions within the new culture of nursing school are minimized and making concerted efforts to foster a sense of belonging for all students. Findings from this study suggest that important educational strategies include the intentional selection of diverse visual images of patients and nurses shown in the classroom, ensuring that examples, case studies, and test questions represent a variety of cultures, engaging students in learning about health disparities and health concerns that represent all sectors of the population, and inviting and celebrating multiple perspectives in each corner of the learning environment. In addition, nurse educators must consider that acculturation is a *process* with potential

changes in beliefs, values, and practices as a result (Serafica, 2011). Growth does not happen immediately and takes time and effort to cultivate.

Limitations

Because convenience sampling was used, and all participants were graduates from BSN programs in the Southeastern U.S., findings from this study may not hold true for H/L nursing students in other geographical areas, nor for those in diploma or associate degree programs. This study included only H/L nursing students who had successfully completed their courses of study and joined the nursing workforce, therefore certain aspects of the theory applicable to students lost to attrition were not tested. Additionally, since the sample included only new graduates, this study does not address continued acculturation into the profession of nursing that is expected to take place after additional time in the nursing workforce.

Conclusion

If culture is considered the shared, learned view of a group of people that establishes values, codes for behavior, priorities, and attitudes (Beamer & Varner, 2001), then nurse educators must consider that nursing itself is a culture. Choi's Theory of Cultural Marginality (2008) can be used by nursing faculty to increase awareness and understand the process that H/L nursing students experience as they acculturate into nursing. Especially important is the need to consider H/L nursing students as individuals, not as a homogenous group. Given the pressures that these students experience from a variety of sources, as well as the impact that individual influences have, educational interventions that are culturally responsive and individually tailored should be promoted.

This will have a double impact of fostering student success through inclusive, best teaching practices and mitigating health disparities experienced by the H/L population in the U.S.

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Table 4

Audit Trail of Theoretical Concepts

Theoretical Concept	Defining Attributes of Theoretical Concept	Category	Defining Attributes of Category	Sample Participant Quotes
Marginal Living	Pressure from culture of origin to succeed in the new culture while maintaining roles in the culture of origin.	Under Pressure	<p>Being under pressure from multiple perspectives. Pressure from family to pursue a practical career, be financially independent, and successful academically.</p> <p>Pressure to maintain roles within the family while attending nursing school full time</p>	<p>“They’ve always, always, always stressed education. We would have summers off from school, and my mom would buy all the little workbooks you see, and we would have to spend hours doing them in the summer before we could even play or anything”.</p> <p>“You have to- if you don’t get a scholarship, you can’t go to college”.</p> <p>“When I would go home, I just couldn’t focus at all. I would be helping my mom clean the house, or helping run errands, or this and that.... It definitely was a struggle balancing my family with school”.</p>

	<p>Contradictions from new culture: seeming to be welcoming but facing</p>	<p>Belongingness</p>	<p>Pressure resulting in stress and needing to make difficult decisions, such as making choices between studying and family time.</p> <p>Feeling alone, different, isolated when they don't feel a sense of belongingness;</p>	<p>"I would get a phone call, 'Can you do this for me? Can you translate this? Can you come home and do this?'"</p> <p>"Sometimes I would tell my parents, I'm going to this study group, and I would just go to the library by myself and just study. Because they would understand that. Rather than saying I just need to go study. They would be less understanding of that. But if I said I made this commitment to somebody else that we were going to go study together, it was easier."</p> <p>"I don't want to feel like, I don't want my parents to ever feel like I don't care anymore. Sometimes it's what it feels like. So, I'm like well, I can't be there... Or sometimes I don't call as often anymore and I never want them to feel like I stopped caring... or that it's not important to me, but I just get busy (tearful)".</p> <p>"As you might imagine, a first-generation college student, Latino,</p>
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	<p>stereotypes, struggling to feel a sense of belonging</p>		<p>experiencing stress as a result.</p>	<p>minority, coming to college- you don't see much of yourself or of your people there. So, you have to just figure it out all on your own and get through it".</p>
			<p>Receiving contradicting messages about belonging from peers and faculty.</p>	<p>"It's very alienating to be in a group that you're supposed to be a part of, but you don't feel like you're a part of it".</p> <p>"I think that was probably isolating too, because they're like 'Oh, you live with your parents'. I'm like 'Yeah, I do'".</p>
			<p>Not feeling a sense of belonging impacted class participation and seating.</p>	<p>"...With the classroom... I feel more comfortable sitting in the back... and I think it has to do with that sense of belonging. I just felt like we didn't belong in the front".</p>
			<p>Classroom examples being reflective of the majority group.</p>	<p>"It would be a Caucasian or African American example. That was mostly it. Maybe there was one or two instances when they talked</p>

	<p>Pushing / pulling tension. Negative stress ensues, but also positive growth and change; development of resilience, perseverance and hope.</p>	<p>Looking Within</p>	<p>Seeing a lack of H/L faculty role models.</p> <p>Personal growth that occurred as a result of the acculturation process into nursing. Personal faith, perseverance.</p>	<p>about Hispanic women being prone to gestational diabetes. But I don't remember much after that".</p> <p>"I think the teaching- that has to change a little bit. I think it has to be more inclusive. It has to include some of our problems and our situations. I think it would be cool if a lot more scenarios that we had involved people in situations from different backgrounds, to have some dealing with immigration status, things that are really ... We need as nurses to have more competency in that because that's something that you're going to see a lot".</p> <p>"I really did want to see more people like myself in those [faculty] positions because it's kind of like when you see them in those positions, you're like, 'That's something I can do too'".</p> <p>"So, I was just kind of like- I put it in faith in God and prayed. 'If you want me to be a nurse, what do you want me to do?'"</p>
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				<p>“There were days that I just wanted to quit...I’m in this on my own. I’m going to have to bear down, study, study, study, do what I have to do, pass, okay, move on”.</p>
Easing Cultural Tension through Adjustment Responses	Assimilation: Absorption into the new culture and leaving the culture of origin behind	None	N/A	Data from this study did not support this aspect of the theory
	Reconstructed Return: Returning to the culture of origin but impacted by experiences within the new culture	None	N/A	Did not sample to test for this aspect of the theory
	Poise: Remaining at the edge of both cultures but belonging in neither	Belongingness	Feelings of being an outsider, not part of the group, not ‘fitting in’	<p>“I’m not really supposed to be here”.</p> <p>“I kind of feel that I don’t fit either category”.</p> <p>“I feel like it’s harder to relate to them- other Hispanic students- because I don’t look exactly like</p>

	Integration: Creating a third culture by blending the new culture with the culture of origin	Deep and Meaningful Connections	Advocating for H/L patients	<p>them. And I feel like they have a different experience from what I have”.</p> <p>“I feel like I need to speak up for them and advocate for them”.</p> <p>“I did definitely step in whenever I saw that there were people that needed help with translation, communication”.</p>
			Connections through language	<p>“I think they realize it’s also because of the language, knowing that I understand what they’re saying, what they’re asking, they’re more willing to ask questions”.</p>
			Cultural awareness of H/L beliefs and values	<p>“For example, some Hispanic people don’t like to say they’re in pain. And so, I would kind of explain things to them”.</p>
			Impacting patient outcomes and decision-making	<p>“I had one patient who was like ‘I’m not going to let them amputate my leg’. Because of her culture. She was going to be viewed negatively, because she’s going to be handicapped. So that leg- she didn’t want to lose it. And the doctors were</p>

			<p>Being passionate about caring for H/L patients and meeting their needs.</p>	<p>not understanding... She had peripheral vascular disease, so she had issues with one of her legs and they wanted to amputate at the knee- or an above the knee amputation. She was not wanting them to do that... she shared her story with me. She shared that this was just not something that she wants and why.... And then the doctor did something totally different”.</p> <p>“I loved working with them. There is an instant connection. It’s kind of like seeing someone of your own face. Knowing that ethnicity, being able to care for them, and it be genuine”</p>
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CHAPTER VI
SUMMARY DISCUSSION OF ADDITIONAL FINDINGS,
STUDY IMPLICATIONS, AND FUTURE PLANS
FOR DISSEMINATION

This Husserlian descriptive phenomenological study examined the lived experiences of Hispanic / Latinx nursing students as described by new graduates of baccalaureate nursing programs in the Southeastern U.S. In-depth, semi-structured, private interviews were used as the method of data collection, and data were analyzed using inductive as well as theoretical analysis methods. Because the data generated from this study were so prolific, inductive analysis for the dissertation stopped at category identification and definition. Thematic analysis using the Theory of Cultural Marginality (Choi, 2008) then was carried out using a subset of data, and a manuscript reporting this analysis is presented in Chapter Five.

This chapter presents the category definitions arising from the inductive analysis of the entire data set. In addition, two subsets of the data set are described. These data subsets are titled “Advice for a New Hispanic / Latinx Nursing Student”, and “Nursing as its Own Culture”. Although these data subsets were the result of questions directly posed to the participants and therefore not discovered through inductive analysis, they were nonetheless very meaningful and worthy of highlighting. Implications of study findings

for nursing education and practice are also described in this chapter, along with suggested future research and plans for further dissemination of results.

Inductive Analysis Categories

Inductive analysis of the data set generated ten distinct categories. These were as follows: “Belongingness”, “Edge Runner”, “Deep and Meaningful Relationships with the Hispanic Community”, “Under Pressure”, “Learning Environment”, “A Journey of Many Steps”, “Looking Within”, “We Are Not All the Same”, “Checking the Box”, and “Facing Disparities and Stereotypes”. Each category is defined below according to defining attributes, antecedents, and consequences as appropriate. An audit trail of the sample category Under Pressure is found in Table Five.

Belongingness

Belongingness within this study referred to the feeling of being an integral part of the group. It sustained individuals, making them feel welcome, included, and that their participation mattered. When participants did not perceive a sense of belonging, they described feeling alone, different, isolated, like an outsider, and even unsafe at times to express their ideas. When participants lacked a sense of belonging within the larger group, they tended to keep to themselves or their small peer group only, and not reach out to faculty or classmates. When they lacked a sense of belonging, they also lacked the confidence to speak up in the larger classroom environment as well as in one-on-one conversations with faculty. For some, their sense of belonging or lack thereof impacted where they sat in the class, such as at the back. Belongingness appeared very important

for all participants, with most wishing for more connectedness throughout nursing school.

Seeing faculty who were Hispanic / Latinx enhanced participants' sense of belonging.

Antecedents to participants lacking a sense of belonging included noticing a scarcity of Hispanic / Latinx nursing students and faculty role models, as well as being the recipient of perceived microaggressions from peers. Some participants felt judged by others on the basis of being "different", such as others assuming they were not as intelligent or capable as the majority group and sought out other Hispanic / Latinx students to enhance their sense of belonging. Participant experiences with belongingness were on a continuum, ranging from feeling like they belonged only with other Hispanic / Latinx students, only with Caucasians, or that they did not belong with either group. Only one participant, self-described as a fourth-generation Hispanic immigrant with an Americanized family did not experience a challenge with belongingness and advised others to blend in with the majority group. A take-home part of this definition was "where are the others?", since participants immediately began searching for core peer support groups who were similar to them as soon as they entered nursing school.

Edge Runner

Traditionally, the term edge runner is used for a machine used to crush rock and other materials, but the American Academy of Nursing (2015) has used this term to describe nurses who have worked to transform the health care system. According to Urban Dictionary (2019), an edge runner is someone who defies boundaries. For this study, an edge runner referred to being the first-- being on the edge of new things taking place with transformations occurring as the result of the edge runner's actions. As edge

runners, many study participants were among the only ones from their high school to attend university and were first-generation college students navigating the college and nursing school application process without the help of their family. Some turned to a family friend or another key person to help them through the admission process to nursing school, while others found ways to complete the admission process on their own. Being an edge runner also meant seeing changes that ensued as the result of their efforts; for instance, several participants discussed how their younger siblings or cousins were impacted by their actions.

Antecedents to being an edge runner included that many participants lacked a family role model in nursing, and that often their family and community members were unfamiliar with nursing as a profession and what nurses do. As a result, participants had to learn about the nursing profession on their own, instead of receiving recommendations from family, high school counselors, or other resources. All participants had made significant efforts to find out about nursing and the roles that nurses play within health care as part of their exploration of nursing as a potential career. Many had to educate their families about their decision to join the nursing profession, as well as what nurses do, with some participants even creating a formalized presentation of nursing as a career option for family approval.

Consequences of being an edge runner felt like a double-edged sword for some participants. On one hand, they were proud to be the first, but on the other hand, joining the nursing profession was perceived as a challenging path to take. Most participants felt they had to work much harder because of being an edge runner. All explicitly expressed

pride at their accomplishments at successfully completing their nursing program and joining the profession of nursing.

Deep and Meaningful Connections with the Hispanic / Latinx Community

Merriam-Webster's (2019a) online dictionary refers to connections as something that joins two things, or a relationship in which two or more things or people have the same cause, origin, or goal. This definition captures the essence of the relationships that study participants had with members of the Hispanic community, such as patients, peers, other Hispanic / Latinx nurses, and faculty role models.

Antecedents to these deep and meaningful connections included personal experiences of family members receiving substandard health care, with participants acting as translators for their families in health care environments. This phenomenon was described by five out of the 11 participants; several participants were as young as seven years old when they started translating for family in health care arenas. Almost every participant described witnessing Hispanic / Latinx patients receiving less than quality care in the health care setting. All of these experiences served as driving forces behind their desire to advocate for and connect with Hispanic / Latinx patients.

Defining attributes of Deep and Meaningful Connections with the Hispanic / Latinx Community included the instant connections and bonds that all participants formed with Hispanic / Latinx patients in a variety of clinical settings. Connections ranged from bonding over little things, such as explaining equipment, to making a substantial impact on the patient's care. Examples of the latter included providing patients and families with critical updates on their health status, explaining procedures,

and assisting with important decision making. Each participant spoke with passion about these deep and meaningful connections.

Many study participants also identified faith as a vehicle for bonding with these patients. Several were deeply moved by their connections with Hispanic / Latinx patients and families, describing their patients' vulnerability and expressing anger or sorrow at the patient's health care situation. It was apparent that many of the patients described by participants in this study were also deeply moved by these connections, because they would ask for participant contact information hoping to stay in touch after their clinical encounter was over or describe participants' success in nursing to their families as a way to inspire their own children. Every participant in this study described consequences of these connections with Hispanic / Latinx patients, including developing a heightened passion for patient advocacy and having specific, well thought out nursing career plans for continuing connections with this community.

Another defining attribute of this category was the connection that participants forged with other Hispanic / Latinx nurses, faculty, and peers. Connections with nurses ranged from identifying nurse mentors who shared their culture, expressing gratitude to God for helping them find other Hispanic / Latinx nurses, and describing their new place of work as a "good place" if they were able to find another Hispanic / Latinx nurse employed there. One participant expressed worry about being able to make connections in her workplace related to the scarcity of Hispanic / Latinx nurses.

A final defining attribute of Deep and Meaningful Connections with the Hispanic /Latinx Population was the connections made with Hispanic / Latinx nursing faculty and

school administrators. These connections did not occur regularly because of the scarcity of Hispanic / Latinx faculty role models in nursing, but when they did occur, they were powerful. Remarks ranged from “she understands me”, to feeling truly inspired viewing a Hispanic faculty member in a leadership position. One participant described finding a Hispanic faculty mentor at another school and driving repeatedly to meet with this individual because the connection was so meaningful. Connections with Hispanic classmates were also profoundly impactful and were identified by most participants as critical for academic success as well as personal support. Not every participant, however, identified connections with Hispanic classmates since some shared a sense of belonging with Caucasians; this is further described in the category of Belongingness.

Under Pressure

The concept of pressure refers to a physical force exerted on an object by something in contact with it, or the use of persuasion or influence to make someone do something (Merriam Webster, 2019b). These attributes of pressure fit with data from this research study. The term Under Pressure was intentionally used to reflect that participants often described feeling *under* that influence of others- almost akin to a sense of being under a large weight. Participants frequently and passionately described being under pressure from multiple perspectives. For example, while participants acknowledged their reliance on their families for emotional comfort and support, they also felt pressure to pursue a practical career that would allow them to be financially independent. In contrast to becoming a doctor, lawyer, or banker, which were described as model career choices by their families, nursing was often seen by family members as less desirable and

prestigious. This may have been because family members had had little exposure to what nurses did, and/or the role of nursing in their country of origin was substantially different than it is in the U.S.

A defining attribute of Under Pressure was the considerable pressure that family members placed on participants to continue their roles within the family even while attending nursing school full time. Examples of expectations included having to manage and contribute to family finances, helping with household chores, being a health care resource for family, giving advice for how to manage siblings, and spending time with families on weekends. Every participant also described being under pressure to work to support him/herself to some degree throughout nursing school, ranging from those who had multiple jobs to those who worked more sporadically.

It is important to note that the pressure participants felt from family was not uniform across their educational experience in nursing school. For all participants within this study, families became more supportive in their career choice once they learned more about nursing. Some, but not all families adjusted the pressure they placed on participants to maintain family responsibilities once they understood the demands of the nursing program. If this shift took place, it did so after the first two semesters for most participants, with these families adjusting their expectations and turning to participants' siblings to fulfill the household duties that had previously been held by participants.

Antecedents to Under Pressure were described by most participants as the enormous stress to excel in school as a child; often they were reminded that their families had sacrificed a great deal so that participants could have more opportunities. While in

nursing school, the simultaneous juggling of multiple roles (fulfilling school responsibilities, family obligations, and work) often left participants with little to no free time; this in turn resulted in no opportunity to pursue outside interests or become more involved in extra-curricular school activities. One participant noted tearfully that she had “no back up plan”; others were envious or resentful of their more affluent classmates who had more time and resources. Two participants noted, however, that other students had other responsibilities too, and comparatively, their situation was “not that bad”.

It was clear for many participants that consequences of being under pressure took an emotional and psychological toll, with several feeling “behind” in their overall life plan, one participant seeking counseling post-graduation, and others describing strained family dynamics that resulted from this pressure. Several participants had to make tough decisions as a result of being under pressure, such as having to make choices between being with family or risking failing exams, attending to family needs while trying to be on time for clinical, and having to justify study time to their family and feeling distanced from family members as a result.

Learning Environment

A learning environment typically refers to the diverse contexts and cultures in which students learn, and in the case of nursing education, includes classroom, laboratory, and clinical experiences. Within this study, Learning Environment was comprised of the physical space in the classroom, the human component of faculty and classmates, and the actual nursing content that participants were learning. Learning Environment for this study also considered the overall context created by participants’

respective schools of nursing, such as the support that the school offered to minority students, initiatives to foster minority student success, and the national dialogue about immigration to the U.S. that was taking place during the time that these participants were students.

A defining attribute of Learning Environment was the peer group and classmates of study participants. Every participant distinguished between deep and meaningful relationships they formed with a core support group of peers and the more superficial working relationships they maintained with other classmates. Almost every study participant sought out other minority nursing students as members of their core support group, except for two participants who identified with Caucasian students on the basis of being lighter skinned. Classmate behaviors in and out of the classroom, including posts made on social media, were also considered an important part of the overall learning environment for study participants.

Another highly influential attribute of Learning Environment for participants in this study was the role that nursing faculty played. Across the data set, detailed discussions around the scarcity of minority faculty role models occurred. In addition, the impact of faculty behaviors perceived as fostering a positive and inclusive learning experience were discussed, including the following: being enthusiastic, relatable, and friendly; having an open door policy; having consistent expectations; getting to know students individually and learning their names; advocating for minority students; presenting diverse content and welcoming a variety of perspectives in the classroom and clinical environment; and being aware of outside events that might impact student

learning. Every participant emphasized the faculty-student relationship as an important part of their learning environment. Unhelpful faculty behaviors centered around presenting classroom content that only mirrored Caucasian and African-American health issues, not facilitating inclusive discussions in the classroom, and being unaware of how family and work obligations as well as the national political atmosphere might impact Hispanic / Latinx student learning. As a result, several participants identified feeling like a minority within a minority and an outsider to nursing.

From a broader lens, the political climate which existed within the U.S. during this study contributed to the learning environment of all study participants, except for the first participant who was not asked about nor discussed the political climate. The political climate influenced classmate, faculty, and participant behaviors and added substantial additional stress for some participants; this in turn impacted their learning and relationships with others within the learning environment. Consequences of participants being impacted by the political climate included feeling overwhelmed, being extremely worried about the immigration status of family members, experiencing altered in and out of class engagement as a result of remarks made by classmates on social media, and experiencing personal reactions such as despair, fear, and feelings of being an outsider to the U.S.

A Journey of Many Steps

A journey suggests travel or passage from one place to another, and usually reflects a time element that is long in nature. Similarly, the journey into nursing for participants in this study reflected a lengthy time element, and one that entailed many

steps. Antecedents to making the journey into nursing involved every participant discovering nursing as a potential career on their own. Contrary to typical nursing school applicants who often learn about nursing from family members and/or high school counselors, participants in this study learned about nursing through their own independent means, then purposefully chose the nursing program they wished to attend. The application process for nursing school was challenging for most participants because of unfamiliarity with the process. In addition, for many participants, their family members were unaware of what nurses do. Nursing in their culture of origin often looked very different than it does in the U.S. and was therefore viewed as a less prestigious career choice. As a result, several study participants had to convince their family of their choice in nursing as a career. For each participant, getting accepted into nursing school reflected a journey of faith, hope, perseverance, and determination.

Most participants experienced a range of emotions when they first entered the nursing program, including excitement, anxiety, and self-doubt. Most identified the first one to two semesters of the program as being the most challenging, because they were suddenly immersed in a world of nursing and related academics while also trying to juggle heavy family expectations. Several participants described having to learn new ways to study to be successful, and many had to negotiate with family about altering expectations.

For each participant, the graduation experience was very moving, often eliciting tears during the interview. Their graduation with an undergraduate degree in nursing was also a source of major family celebration, because many participants were the first in

their family to graduate from college or university. The hiring process for study participants reflected a final step in their journey, reflecting their uncertainty about their future workplaces and the lack of other Hispanic / Latinx nurses as role models, their intent to work with the Hispanic / Latinx population, and their ability and desire to provide culturally responsive nursing care. For participants who were not already fluent in Spanish, each expressed a strong interest in improving their Spanish language skills and identified plans of enrolling in Spanish fluency courses after graduation.

Looking Within

Looking Within refers to the self-reflection that each participant undertook as a result of sharing their experiences through their interview process. While some of these self-reflections were in response to being asked specific questions, such as personal attributes fostering their success, other aspects of self-reflection were spontaneously offered and woven throughout the interviews. Five participants specifically referred to turning to their faith in God as a source of strength to get them into and through the nursing program. Faith was also identified as a vehicle for finding meaning in initially being denied entrance into their chosen nursing program, how they ended up in a specific cohort, or how they discovered nursing as a career. Almost every participant identified their faith as a means through which to establish connections with patients.

A defining attribute of Looking Within was perseverance. All participants described aspects of perseverance and believed this quality to be key to their success. Another closely related personal quality emphasized by every participant was “don’t give up”. The personal quality of “humility”, which was described as not being afraid to ask

questions and reaching out to resources, was identified by almost every participant as facilitating their success, although not all used the word “humble” or “humility”. All participants expressed personal pride in joining the nursing profession and reflected upon their accomplishments throughout the interview. Others described “staying in your own lane”, which referred to concentrating on one’s own progress instead of trying to compete with others.

Another attribute of Looking Within was the grace and patience with which many participants in this study responded to others’ behaviors. Even when met with examples of micro-aggressions, several described trying to assume the best in people, attempting to minimize tension between groups, consciously making an effort to take a step back before reacting, and acknowledging that others had different points of view. One participant explicitly voiced appreciation for the opportunity to attend nursing school when others cannot, despite multiple challenges she faced throughout the program such as having to work, contribute to household income, and commute to and from school each day. A final attribute of Looking Within was that participants set limits on their responsibilities for educating others about providing culturally sensitive care. This acknowledgement seemed their way of making peace with the fact that they could not be responsible for others’ actions.

We Are Not All the Same

We Are Not All the Same refers to an important overall finding of this research which had not been previously identified in the literature. Whereas other research that has been conducted with Hispanic / Latinx nursing students has considered them as one

group only, We Are Not All the Same reflects that there were powerful and distinct differences among the experiences of the participants. Every participant emphasized the importance of describing the differences among their experiences and various cultures and urged the researcher not to present them as a homogenous group.

Defining attributes of We Are Not All the Same centered on the following: socio-economic status of participants' families; participants' country of origin and their family's immigration experiences; participants' English and Spanish language fluency; participants' external appearances; participant gender; and whether or not participants were first-generation college students. Each of these is explained further below.

The socio-economic background of participants and their families was one defining attribute of We Are Not All the Same. Some participants came from very low socio-economic backgrounds, where their families grew up in poverty and participants used income from scholarships and their own employment during nursing school to help with family finances. Others came from more affluent backgrounds, resulting in them having to work less in nursing school. Participants whose families were more affluent acknowledged that they lacked personal understanding of and experience with poverty because of their background. Participants who were more affluent also typically had parents with higher education levels and did not discuss struggling to complete university applications, presumably because they had a role model within their family to help them with the application process. Participants who came from families of low incomes had to work more before and during their nursing school experience and some had to commute back and forth to school. As a result, they had less free time, less time to study, minimal

to no involvement in extra-curricular activities, and less opportunity to be connected to campus and classmates.

Country of origin and family immigration experiences was a second defining attribute of this category. Participants had either immigrated to the U.S. themselves, or were the children of immigrant families from eight countries of origin, including Mexico, Chile, Spain, Guatemala, Chile, Venezuela, Dominican Republic, and Costa Rica. In every country but Spain, nursing was viewed as a job, not a profession, and had a more limited scope of practice. As a result, these participants' families viewed nursing as a less desirable and less prestigious career. Participants who were children of immigrants were also subjected to great pressure to succeed by their parents.

As the children of immigrant parents, three participants described translating as young children for Spanish-speaking family members at medical appointments because their families did not speak or understand English. Having to serve as a family translator and witnessing their family members' vulnerability and health care disparities arising from language barriers was powerful for participants. In turn, these experiences fueled their passion for patient advocacy and their desire to reduce health and health care disparities experienced by the Hispanic / Latinx community. Not all participants had this experience, but for those that did, it was extremely emotional reliving the experience and invoked tears during the interviews.

Participant fluency in English and Spanish formed a third defining attribute of We Are Not All the Same. One participant, self-described as an "English as a second language" speaker, struggled with colloquial terms used in written examinations. Because

this individual felt isolated and embarrassed to ask for clarification, she would guess (often incorrectly) what these colloquial terms meant, which in turn impacted her test grades. This was a source of frustration, and was a phenomenon echoed by participants in this researcher's pilot study. Other participants spoke extensively about their Spanish language fluency. Those who were fluent in Spanish enjoyed speaking in Spanish with their Hispanic / Latinx patients but did not want to be substituted for an interpreter in the clinical setting. One eventually stopped disclosing that she spoke Spanish in her clinical settings because she did not want to be used as an interpreter. Others explained that being pulled into patient rooms to serve as an interpreter took away from their opportunities to practice psychomotor skills. Others less confident in their Spanish language abilities were reluctant to speak in Spanish to patients because of previous experiences being criticized or teased for their lack of Spanish fluency. These individuals noted that when one self-identifies as Hispanic / Latinx, others automatically assume that they are fluent in written and spoken Spanish. However, fluency was not just a given for these individuals, and was largely shaped by their childhood and family immigration experiences. Of note, all participants who self-described as having lower proficiency in Spanish voiced plans to improve their Spanish speaking skills after graduation. Their main motivation for doing so was their belief that improving their Spanish language fluency would allow them to more effectively communicate with and advocate for Hispanic / Latinx patients.

Participants' external appearances were an additional defining attribute of We Are Not All the Same. Some participants described feeling judged by others because of their

darker skin pigmentation, stating that they were perceived as being less intelligent and having a lower knowledge base, sometimes even by their own classmates. Others were told they could “pass as another race” because of their lighter complexion. No participants wanted to “pass” as another race; all were proud of their Hispanic / Latinx culture and heritage.

Two additional attributes of We Are Not All the Same were participant gender and whether or not they were first-generation college students. Two out of 11 participants were male, and these individuals shared experiences of being a “double” minority in nursing. These experiences are further described in Chapter Five of this dissertation. In addition, participants who were first-generation college students had different lived experiences acculturating into the profession of nursing than those whose parents had attended post-secondary education. These experiences are also further described in Chapter Five, as well as within the category of Edge Runner.

Checking the Box

Checking the Box referred to some participants receiving messages from peers or others that they were admitted into the nursing program and/or secured their first nursing position because of their ethnicity or Spanish fluency. The hidden message behind these remarks was that somehow participants had not earned their way into the nursing program on their own merit and were simply the product of quota filling. Antecedents to Checking the Box were comments made by others, such as “you’ll get into the nursing program because you’re Hispanic”, and “you’ll get lots of job offers because you’re Hispanic and you speak Spanish”. Consequences included participants feeling like they

didn't belong in nursing on their own merits, self-doubt, frustration, feeling like an outsider, experiencing "imposter syndrome", wondering if they made the right choice by coming to nursing school, and wanting to be taken seriously as a nurse with unique attributes. They found comments reflective of Checking the Box to be hurtful and frustrating, and when made by peers, these comments served to further distance participants from certain members of the majority group.

Facing Disparities and Stereotypes

Facing Disparities and Stereotypes referred to participants or their family being recipients of over-generalized assumptions about Hispanic / Latinx people, or witnessing assumptions being made about Hispanic / Latinx patients in the clinical setting. For the male participants, Facing Disparities and Stereotypes also referred to facing stereotypes of men in nursing. Consequences of Facing Disparities and Stereotypes included participants feeling judged, sad, undermined, angry, divided from their classmates, and for some, altering their level of engagement in the classroom setting if that was the context in which the stereotype was experienced. Several participants also described educational disparities experienced as high school students coming from underprivileged backgrounds and schools with limited resources. Every participant but one shared some aspect of experiencing educational disparities and/or being the recipient of stereotyping; this participant self-described as being a fourth-generation, lighter-skinned immigrant with an Americanized family, suggesting that factors such as length of residence in the U.S. and skin color made a difference in participants' experiences.

Additional Data Subsets

Advice for a New Hispanic / Latinx Nursing Student

While Advice for a New Hispanic / Latinx Nursing Student was a directly-asked question of participants and not a category discovered through inductive analysis, participant words of advice were powerful enough that they are worth highlighting. Each participant was visibly moved during the interview when asked to provide advice for new Hispanic / Latinx nursing students, and it was not uncommon to have to take a short break in the interview after this question was posed. Commonalities that surfaced for advice for new Hispanic / Latinx nursing students were as follows: ask questions; reach out to faculty resources; find a community of support; remember your goals and why you chose nursing; “stay in your lane” (in other words, focus on yourself, not what others are doing); don’t give up; believe in yourself; don’t let others tell you “you can’t do it”, and become involved. One participant differed from the rest in that she advised them to just “join the group”. This individual identified as a fourth-generation Americanized immigrant and as such, may have had different life experiences leading her to this advice.

Nursing as its Own Culture

All participants except for one believed that nursing has its own culture and described the main attributes of what they perceive nursing culture to be. Attributes of nursing culture described by participants of this study included the professional values in nursing such as gaining public trust, being hard working, making connections with patients and other nurses, being compassionate, wanting to advocate for patients, being team oriented, and being strong and patient. Furthermore, each participant described their

own personal characteristics and how these aligned with nursing's culture. If culture is defined as being "the coherent, learned, shared view of a group of people about life's concerns that ranks what is important, furnishes attitudes about what things are appropriate, and dictates behavior... [telling us] what matters...what to do... and establishing codes for behavior" (Beamer & Varner, 2001, p. 3), then study participants paralleled this definition through their descriptions. They spoke to values, what mattered to nurses, what was important, and codes for nursing behaviors.

Implications for Nursing Education and Practice

Thematic Analysis

Insight from this study has been invaluable. Results indicate that the acculturation process into nursing is complex and multi-faceted for Hispanic / Latinx students. Many of the study's findings were consistent with concepts from the Theory of Cultural Marginality (Choi, 2008), reinforcing the utility of the theory to describe the acculturation process into nursing for Hispanic / Latinx students. Since the theory was originally developed to understand how adolescent Korean immigrants acculturate into the U.S., which reflects a geographic move into a new ethnic culture, results from this dissertation represent a new and different use for the theory.

Because the theory provides perspective for understanding how Hispanic / Latinx students acculturate into nursing, it also offers direction for culturally responsive nursing education. It appears that this study is the first to consider that nursing is itself a culture, and that Hispanic / Latinx students experience an acculturation process into nursing that is not unlike what new immigrants experience when they move to a different country.

Additionally, findings from this study suggest that Hispanic / Latinx students begin the acculturation process into nursing before they enter their respective nursing programs and this process continues after they graduate. Nurse educators might consider, therefore, that educational initiatives should follow suit, beginning before students are admitted to nursing programs and continuing after they graduate. For example, community-based initiatives to increase the number of Hispanic / Latinx high school students considering nursing as a potential career option should be implemented and evaluated, since no participants in this study had nursing recommended to them by high school counselors. Rivero-Goba and Nieto (2007) stressed the importance of developing partnerships with public schools to increase recruitment of Hispanic / Latinx nursing students, thus findings from this dissertation support the importance of specific recruitment strategies to attract more Hispanic / Latinx nursing school applicants.

Educational efforts to assist Hispanic / Latinx students with obtaining their first nursing position and acclimating to their new work setting should also be studied for their effectiveness, since this portion of the acculturation process was identified as stressful by study participants. Specific examples could include workshops for Hispanic / Latinx nursing students on applying for nursing positions, as well as panel discussions and mentorship programs involving Hispanic / Latinx nursing alumni. No literature related to these initiatives was found.

Other authors, while they have not described the process of Hispanic / Latinx nursing students acculturating into nursing, have found that specific resources within nursing programs did facilitate student success. For instance, Alicea-Planas (2017)

outlined the need for Hispanic / Latinx nursing students to receive encouragement and support from faculty, noting that these students described uncertainty, feelings of isolation, and not being prepared when they started their nursing programs. These same students found comfort in others from similar backgrounds, in a similar way to how participants in this dissertation sought out peer support groups. Ninan (2015) also reported that connections with peers and faculty were particularly helpful for Hispanic / Latinx nursing students who had been placed on academic probation or had failed a nursing class, and results from this dissertation echo these connections. Thus, some findings from this dissertation align with established research on Hispanic / Latinx nursing student experiences, even though that previous research did not focus on the acculturation process into nursing.

Since so many of the data from this dissertation support the Theory of Cultural Marginality (Choi, 2008), nursing faculty should consider that Hispanic / Latinx nursing students may experience aspects of marginal living and cross-culture conflict throughout their nursing school experience and will likely engage in a variety of adjustment responses as a result (Choi). Reconstructed return (Choi), which would represent student attrition, is undesirable. Not only does attrition impact educational outcomes such as accreditation for schools of nursing, but losing these students also directly impacts the diversity of the graduating student class, and in turn, the practicing nursing workforce within the U.S. Nurse educators must recognize the importance of fostering success of Hispanic / Latinx students within this larger context. Several researchers have noted that attrition rates are higher overall for minority nursing students in general (DeBrew et al.,

2014), and are also higher specifically for Hispanic / Latinx students (Alicea-Planas, 2017; Bond et al., 2008; Nadeau, 2014), thus reconstructed return is a real phenomenon to be addressed by nursing faculty, and not just a theoretical postulation.

Nurse educators must recognize that the adjustment response of assimilation (Choi, 2008) is not a goal either, because assimilation means that an individual is absorbed into the new culture and leaves the culture of origin behind. In the case of Hispanic / Latinx nursing students, assimilation represents becoming a nurse but not bringing forward the Hispanic culture, Spanish language fluency, and other cultural attributes into the workforce arena-- the very qualities that are greatly needed to better provide culturally responsive care. In this study, the concept of assimilation was not supported, since no participants wished to leave their Hispanic culture behind. Two distinct findings, however, point to the need for further study. One participant, who was self-described as a fourth-generation Americanized immigrant, recommended to just blend in with the group. This finding suggests that adjustment responses, including the possibility of assimilation, may be correlated with how long the nursing student's family has been in the U.S. One participant described being reprimanded by a clinical faculty for speaking in Spanish in the clinical setting, reminiscent of being told to leave the culture of origin behind while in clinical. Instead of reprimanding students for speaking in Spanish, nurse faculty can draw on these same students to facilitate discussions about cultural competence in post-conference settings and design clinical assignments around diversity and inclusivity. These findings were not seen in previously established research.

Nurse educators should also recognize that Hispanic / Latinx students experiencing poise (Choi, 2008), or being on the edge of both cultures, is far from desirable, and may lead to depression, anxiety, increased stress, and poor academic performance. Three participants in this study described depression and anxiety because of trying to “fit” into nursing while simultaneously struggling to fulfill roles in their culture of origin. One had enrolled in therapy as a result of this stress. Increased awareness of this phenomenon is essential for nursing faculty.

Making concerted efforts to support Hispanic / Latinx students on a holistic and individualized basis, in a similar way to how nurses provide holistic and individualized patient care, are powerful manners in which faculty can mitigate this stress. Examples of supportive faculty behaviors shared by participants in this study include faculty reaching out, intentionally engaging the students and asking how they are doing, getting to know them personally, extending offers of support through verbal and electronic communication means, and having an open-door office policy as much as possible. Nadeau (2014) identified similar faculty characteristics which facilitated the success of Hispanic / Latinx nursing students, such as being non-threatening, friendly, relatable, and having an open-door policy. Participants in this dissertation suggested that supportive faculty behaviors enhancing their sense of belonging also included sharing diverse images and exemplars of nurses and patients in classroom settings, and ensuring that test questions, case studies, and classroom discussions reflected diverse perspectives. Simply telling students to work less or concentrate more on their nursing studies was not only deemed unhelpful and unrealistic but would illustrate to students that faculty are

disconnected. Participants in this study indicated that when they lacked a sense of belonging, they were less likely to reach out, perpetuating their feelings of isolation.

While other studies have not considered the process of acculturation into nursing, reports of Hispanic / Latinx nursing students feeling isolated, marginalized, lacking a sense of belonging, and experiencing stress are well documented. Alicea-Planas (2017) found that feeling isolated, not welcomed, and having to commute were all contributing factors in why Hispanic / Latinx students leave nursing programs. Evans (2008), Moceris (2010), and Thompson et al. (2012) all reported that Hispanic / Latinx students experienced institutional discrimination experiences, insensitivities, and struggled to feel a sense of belonging, whereas Rivero-Goba and Nieto (2007) described the marginalization and challenges of “living between two worlds” experienced by Hispanic / Latinx nursing students (p. 44).

Inductive Analysis

Other implications for nursing education can be drawn from this study. No study participants were introduced to nursing as a career choice through high school counselors; several were engaged in an early college experience through high school activities, but these activities centered instead on medicine. Furthermore, for most participants, nursing was considered a less prestigious profession by their families and/or cultures of origin. As a result, not only did participants have to learn about nursing as a career option on their own, many had to ‘sell’ it to their family and community members. These specific findings are not apparent in previously published literature and therefore represent an important area requiring follow-up study. Opportunities for outreach to high

schools and other community venues to present nursing as a possible career choice are needed to increase the pipeline of Hispanic / Latinx students applying to nursing school. In addition, for those who are first-generation college attendees, offering workshops, seminars, information sessions, or other resources to assist with nursing school application processes might give these prospective students some of the tools required to assemble a successful applicant package.

Results from this study also underscore the importance of a holistic admission process for schools of nursing. Several participants in this study referred to attending high schools with very limited resources, and it was clear that educational disparities were at play. Nursing faculty and administrators should carefully examine the demographics of their incoming classes and consider that diverse class membership should reflect a variety of ethnic and racial backgrounds, including male and female Hispanic / Latinx students.

Study results indicated that the first two semesters were most challenging for participants. This finding is not surprising, since it is during this time that students are immersed in nursing for the first time, learning new study skills and content, and expected to engage in professional practice in their clinical and lab settings. However, for participants in this study, these challenges were amplified by feelings of isolation, imposter syndrome, and a lack of belonging. Additionally, these participants were trying to maintain family roles within their culture of origin, and in some instances, commuting and working to support themselves. As several participants noted, they had very little to no time for extracurriculars and found themselves only managing responsibilities and

attending school. This is not a situation conducive to thriving. Recognition of these challenges, and building supports into the learning environment, such as lunch hour group sessions designed to support Hispanic / Latinx students, sharing of resources, and having key faculty visible as advocates, champions, and mentors are good places to start.

The finding that the first two semesters of the nursing program are especially stressful reinforces previous research and adds to the growing body of knowledge that describes the first portion of a baccalaureate nursing program as particularly challenging for Hispanic / Latinx students. For example, Dolan et al. (2015) reported that Hispanic / Latinx baccalaureate nursing students experienced high anxiety related to high family obligations and pressures, learning the language of nursing, and time management issues in their first semester of nursing school. Evans (2008) stated that Hispanic / Latinx nursing students felt “attached at the umbilicus” to their families (p. 205), needed to work while in school, and experienced stress and fear of academic failure, especially in early stages of their respective nursing programs.

Findings from this dissertation demonstrate that the learning environment itself, including the role that faculty play within this environment, is instrumental in shaping the experiences of Hispanic / Latinx nursing students as they acculturate into nursing. These findings are also supported by previous research. For example, Bond et al. (2008) described the importance of mentoring and professional socialization-- two key components of the learning environment-- for the success of Hispanic / Latinx nursing students. Diaz (2015) reported that other aspects of the learning environment, such as institutional support from staff, mentors, and faculty served as external motivation for

Hispanic / Latinx students. Mocerri (2010) identified financial aid and faculty support as helpful for academic success of Hispanic / Latinx associate and baccalaureate nursing students, and Rivera-Goba and Nieto (2007) described faculty mentors as bridges to success. While these researchers have described slightly different components of the learning environment, it seems that the important role played by nursing faculty is a common finding in all studies, including this dissertation. Nursing faculty can employ specific teaching strategies to promote diversity and inclusion in the classroom and clinical settings, implementing initiatives to engage students individually outside the classroom and clinical setting to personalize the learning environment, and measuring correlation of these initiatives with Hispanic / Latinx student engagement and feelings of belonging.

Some participants in this study identified feeling like a ‘minority within a minority’ when they were put into minority nursing groups that contained larger numbers of students of other races, so there may be value in holding at least some support activities specifically for Hispanic / Latinx students. This phenomenon has not been previously identified in the literature. Having a variety of faculty who can serve as mentors and role models may be helpful to invite multiple perspectives. Findings from this study indicate that a faculty mentor does not necessarily have to be Hispanic / Latinx, but rather someone who understands minority nursing students and is dedicated and passionate about their success. Faculty behaviors such as being open, welcoming, culturally responsive, and demonstrative of commitment to minority student success were recognized and appreciated by participants of this study; these faculty behaviors can be

further studied and measured to determine their impact on Hispanic / Latinx nursing student success. Faculty development programs promoting culturally responsive educational strategies are also important to further study and evaluate.

Results from this study indicate that in addition to challenges, participants drew on personal strengths and developed a variety of effective strategies leading to their success. Some of these included formulating deep and meaningful connections with key peers, developing personal coping strategies, and drawing on faith, resilience, and perseverance. These study findings support research previously conducted by nurse scholars. For example, personal determination and perseverance was found by several researchers as a key component to Hispanic / Latinx nursing student success (Bond et al., 2008; Moceris, 2010; Nadeau, 2014; Rivera-Goba & Nieto, 2007; Sheils, 2010). While personal qualities are a recognized concept of the Theory of Cultural Marginality (Choi, 2008), these findings warrant further study within the context of the larger data set gathered in this dissertation. As a result, a secondary data analysis from the perspective of the Anti-Deficit Achievement Framework (Harper, 2010) has been planned by this researcher. Furthermore, a gap in the literature currently exists around individual Hispanic / Latinx student attributes and relationships with educational outcomes; information yielded from this type of study could provide valuable information for faculty and students alike. For instance, if the development of resilience is found to be particularly impactful on positive student outcomes, an instrument measuring resilience in Hispanic / Latinx students could be tested. Additionally, workshops could be held with students on ways to develop resilience, and faculty development sessions could

focus on ways to increase student self-esteem and resilience, all adding to the existing body of knowledge.

Study results indicate that individual differences do exist that shape how Hispanic / Latinx nursing students acculturate into the profession of nursing, and that these students cannot and should not be considered as a homogenous group. In this study, differences were attributed to English and Spanish language fluency, family immigration experiences and country of origin, gender, whether or not participants were first-generation college students, and external appearances including how “Hispanic” they looked. These findings do not compare to previously published research since previous studies have not sought to describe within-group variability of these students. Nursing faculty must consider that each Hispanic / Latinx nursing student is unique and must be individually assessed and supported.

An invaluable finding from this study is that Hispanic / Latinx nursing students can and do make a difference to the care of Hispanic / Latinx patients, families, and communities. The implications of this finding for nursing practice are exciting. Each study participant had moving stories to share about interactions with Hispanic / Latinx patients that impacted their care, influenced important decision making, and/or demonstrated important nursing qualities of empathy, caring, and use of self as a therapeutic presence. This finding reinforces results reported by Dolan et al. (2015), who found that Hispanic / Latinx nursing students felt empowered when working with Spanish-speaking patients.

Furthermore, each participant in this study articulated clear plans to work with the Hispanic / Latinx populations and impact health disparities in some way, such as through research, advanced practice roles, and educational initiatives. Again, these findings add to the growing body of evidence that Hispanic / Latinx nurses may be an important key in minimizing health disparities for the Hispanic / Latinx population. Evans (2008) as well as Sheils (2010) reported that Hispanic /Latinx nursing students expressed plans for service to their communities after graduation, and Morales (2014) found that new nursing graduates who were Hispanic / Latinx reported being able to positively impact Hispanic patients. These findings are important to investigate further to determine the impact that Hispanic / Latinx baccalaureate-prepared nurses have on Hispanic / Latinx patient outcomes. A longitudinal study is in the planning stages for this researcher to follow up with study participants, to learn of their continued acculturation into the profession of nursing and the impact they have had with Hispanic / Latinx patients, families, and communities.

Finally, this study sought to understand the lived experiences of Hispanic / Latinx nursing students acculturating into nursing in programs where the majority group reflected the national nursing workforce: Caucasian female students. Comparison of Hispanic / Latinx nursing student experiences in schools where the majority group is Caucasian female with Hispanic / Latinx student experiences where they represent less of a minority could provide information on a broader level. No other published study has made this comparison. The need for further research in this area could be an important first step in establishing a beginning understanding of how trends in different areas of the

country compare and how best to promote inclusive and culturally responsive nursing education at a national level.

Plans for Further Dissemination of Research Findings

Southern Nursing Research Society 2019 Annual Conference

Research findings from this study consistent with Choi's (2008) Theory of Cultural Marginality have been accepted and will be presented in both poster and podium presentation form in Orlando, Florida on March 1, 2019.

Sigma International Nursing Research Congress, July 2019

Research findings from this study reflective of political climates and family immigration experiences on Hispanic / Latinx nursing students have been accepted and will be presented in both poster and podium presentation form. This conference will be taking place in Calgary, Alberta, Canada in July 2019.

Secondary Data Analysis through the Lens of the Anti-Deficit Achievement

Framework

A secondary data analysis is planned in the form of an independent study with the researcher's dissertation chair and will take place following dissertation completion. Once this analysis has been conducted, a manuscript targeting one of the major nursing education journals will be written and submitted for publication.

Additional Manuscripts

Several additional manuscripts are planned to reflect study findings that spanned beyond the Theory of Cultural Marginality. A manuscript reflective of advice to new Hispanic nursing students from participants will be written with the target publication

being *Imprint*-- the official journal of the National Nursing Student Association. A manuscript that describes faculty behaviors facilitative of Hispanic / Latinx nursing student success, based on findings from this study, will be written and targeted towards a nursing education journal. Finally, an additional manuscript describing how results from this study inform the holistic admission process that many schools of nursing across the country are engaging in will be targeted towards another nursing.

Table 5

Audit Trail of Sample Category of Under Pressure

Segment	Participant	Level 2 Code	Category
One of the girls from nursing that came from community college that is Hispanic- she failed. And she told me that a lot of minority students fail. Hispanics. Or fall behind.	Participant 4	awareness of higher attrition rates adds pressure	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\awareness of higher attrition rates adds pressure
I had a part time job at _____ that first semester. I was pretty busy. I don't know how I worked 10 hours a week and did that first semester.	Participant 5	being in school and working	UNDER PRESSURE\TRYING TO MANAGE IT ALL\being in school and working
But it was like balancing all of that and commuting 30 minutes each way, back and forth, each day. After school, it would be an hour at the very least.	Participant 6	being in school and working	UNDER PRESSURE\TRYING TO MANAGE IT ALL\being in school and working
I know that when I was born, my parents knew that they wanted me to be educated. They wanted me to have what they don't have.	Participant 6	emphasis on education as a child	UNDER PRESSURE\FAMILY PRESSURE\emphasis on education as a child
I have very strict parents. And I've always had very strict parents. Like whenever I wanted to go out with friends, I'd always have to ask two months in advance, and say the date, and remind them, every single week, and every single day before, and they might change their mind the day of. My parents always wanted me to make good grades.	Participant 8	emphasis on education as a child	UNDER PRESSURE\FAMILY PRESSURE\emphasis on education as a child
I think I definitely have that ingrained in my head with my parents, and then seeing other people's	Participant 9	emphasis on education as a child	UNDER PRESSURE\FAMILY PRESSURE\emphasis on education as a child

perspectives that it made me want to take advantage of what I do have.			
That's one of the first things they did when they moved here. They started a college fund for me and my sister. There was never a question of whether we were going to college or not. And I think they would do these little things of pressure.	Participant 11	emphasis on education as a child	UNDER PRESSURE\FAMILY PRESSURE\emphasis on education as a child
I think they've always, always, always stressed education. We would have summers off from school, and my mom would buy all the little workbooks you see, and we would have to spend hours doing them in the summer before we could even play or anything... both of my parents worked, so we would wake up early on summer days before her work- she would drive us over to my grandparents' house. We would spend the day with my grandparents with my two other cousins. And we would all be doing workbooks. Because of course, they did the same thing. So, we would all be doing workbooks, and we had to do them before they let us play outside or anything.	Participant 11	emphasis on education as a child	UNDER PRESSURE\FAMILY PRESSURE\emphasis on education as a child
I have so many friends that got out with a sociology degree or kinesiology or just general degrees, but nursing, I think 100% of my class already have jobs. Getting a job is 100 times more easy.	Participant 1	employability in nursing	UNDER PRESSURE\FINANCIAL PRESSURES\employability in nursing
And they weren't like some other parents that I know where "I want you to study this. I want you to be a doctor. I want you to be a lawyer. Like a big – of course I know it comes from a loving point of view where I want you to be something more than I was"	Participant 5	family expectations	UNDER PRESSURE\FAMILY PRESSURE\family expectations

When I was younger, I never questioned anything. I was always wanting to please my parents, please my family. It's what they say, I'm the oldest, I have to create an example, I have to follow the rules. I have to be the child who doesn't talk back, or the one who doesn't rebel. I never did.	Participant 6	family expectations	UNDER PRESSURE\FAMILY PRESSURE\family expectations
Then, we moved down here, I think I set the pace of the "good child", and I'm using quotes, because academically good. My mom and my dad really pushed for education, so as long as we got good grades, we wouldn't get in trouble.	Participant 6	family expectations	UNDER PRESSURE\FAMILY PRESSURE\family expectations
They just wanted me to graduate.	Participant 10	family expectations	UNDER PRESSURE\FAMILY PRESSURE\family expectations
Not like English or Psychology- it's always something practical. Because I can't afford to not – with the pressure I've had and the financial	Participant 4	family importance of financial security for participant	UNDER PRESSURE\FINANCIAL PRESSURES\family's emphasis on financial security for participant
...when I told them I wanted to be a nurse, my dad was like how much does that pay?	Participant 7	family importance of financial security for participant	UNDER PRESSURE\FINANCIAL PRESSURES\family's emphasis on financial security for participant
They just want me to have financial stability, which is something they didn't have growing up	Participant 7	family importance of financial security for participant	UNDER PRESSURE\FINANCIAL PRESSURES\family's emphasis on financial security for participant

Practical and employable. You'll get a job and you'll be able to self- sustain.	Participant 7	family importance of financial security for participant	UNDER PRESSURE\FINANCIAL PRESSURES\family's emphasis on financial security for participant
They really wanted me to live a successful life where I could take care of my family and be independent.	Participant 8	family importance of financial security for participant	UNDER PRESSURE\FINANCIAL PRESSURES\family's emphasis on financial security for participant
My dad was all about needing to become independent and take care of yourself.	Participant 10	family importance of financial security for participant	UNDER PRESSURE\FINANCIAL PRESSURES\family's emphasis on financial security for participant
So, after college, I knew I wanted to go back to school, and I knew that there was pressure for me to go back to school... I majored in EXS (exercise science), but I kind of just picked it because it sounded kind of fun. It was a great degree. I loved it. But I feel like in terms of employability or being able to financially support myself... so then, I started working for the gym that I worked in during undergrad, as their operations person. My parents...and I loved working there. It was all my friends, but every couple of months, my parents would be like “what are you doing? Is this a career?”. So, then I would kind of being like... I took an EMT course to kind of silence them for a while. I’m like “look, I’m taking an EMT course!”. And they would	Participant 11	family importance of financial security for participant	UNDER PRESSURE\FINANCIAL PRESSURES\family's emphasis on financial security for participant

ask what's the plan. I got my EMT certification, did absolutely nothing with it, and so then they were asking "What's your plan? What are you doing?".			
Or she would come back home from work. She worked at a chicken farm for 15 years. And so, she would complain of backaches and stuff like that. She would tell me to massage her back all the time. She would just come back tired.	Participant 9	family sacrifice	UNDER PRESSURE\PRESSURE FROM H/L COMMUNITY\family sacrifice
We have sacrificed, so you've got to succeed.	Participant 9	family sacrifice	UNDER PRESSURE\PRESSURE FROM H/L COMMUNITY\family sacrifice
And it was definitely hard, because by then, many of my college – like early college classmates from high school were graduating, and here I was still applying to nursing school. And this would be another extra year, and I wouldn't graduate with the friends I had met in freshman year.	Participant 5	feeling of being behind	UNDER PRESSURE\TRYING TO MANAGE IT ALL\feeling of being behind
...what would people say that I went to college and still had to do a fifth year	Participant 5	feeling of being behind	UNDER PRESSURE\TRYING TO MANAGE IT ALL\feeling of being behind
I remember on my 18th birthday, my dad told me "we are all depending on you.". And so, I've always had that pressure to get a good job, do a practical job.	Participant 4	financial pressures	UNDER PRESSURE\FINANCIAL PRESSURES\financial pressure of paying for school
"You have to- if you don't get a scholarship, you can't go to college"	Participant 3	financial pressures of school	UNDER PRESSURE\FINANCIAL PRESSURES\financial pressure of paying for school
And I would say, "well, you're not doing all of this for nothing. I'm going to be someone someday. And I'm going to help you out once I get a job".	Participant 9	giving back to family	UNDER PRESSURE\FINANCIAL PRESSURES\trying to support family financially

I've definitely been distanced because she [participant's mother] doesn't really call me much anymore	Participant 9	impact of caught between	UNDER PRESSURE\TRYING TO MANAGE IT ALL\impact of pressure
What happens a lot to me is I bottle up my feelings... I'm going start going to therapy. I made the appointment.	Participant 7	impact of caught between-seeking counseling	UNDER PRESSURE\TRYING TO MANAGE IT ALL\impact of pressure
Unlike her- it was kind of like- hmmm... maybe you should not go because you have family, so it was hard for her [participant's mother-in-law] to accept	Participant 2	influence of traditional family values	UNDER PRESSURE\FAMILY PRESSURE\pressure from family
For me, it was school, go home, and it may have been available, but I had things to do. I had to study where other people don't have to study during that time.	Participant 6	juggling multiple roles	UNDER PRESSURE\TRYING TO MANAGE IT ALL\juggling multiple roles
And then going to school, I was like "Let me see if I can balance it". And I think I realized that it was much harder to focus on academics.	Participant 9	juggling multiple roles	UNDER PRESSURE\TRYING TO MANAGE IT ALL\juggling multiple roles
I feel like I definitely struggle with that. Balancing everything.	Participant 10	juggling multiple roles	UNDER PRESSURE\TRYING TO MANAGE IT ALL\juggling multiple roles
In the first year, my biggest focus was money and school. Money and school. Money and school. I didn't even think about extra-curriculars.	Participant 10	juggling multiple roles	UNDER PRESSURE\TRYING TO MANAGE IT ALL\juggling multiple roles
But then I was like, I can't do it all. So, I kind of had to learn how to let go. And I also had to tell my mom, I'm going through these struggles as well, so maybe we can mutually help each other. Because I'm my mom's best friend. She definitely opens up to me about a lot of stuff.... [she was] always asking me if I could- if I was able to come home	Participant 5	caught between - pressure to be in school and maintain family roles	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role

<p>But no, they would come to me with questions and I'd be like "give me a minute. I'm still in school. Let me figure it out and then I'll get back to you." I think in the beginning or sometime in the middle, they would call me with questions about medicines – they'd be like "your grandfather is starting on this, what is it for?". What do you mean, what is it for? They should have told you what it's for. But I'll look it up... And then I would have to translate it too. Because they don't speak English. I'm not a medical interpreter [laughing]</p>	Participant 6	<p>caught between - pressure to be in school and maintain family roles</p>	<p>UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role</p>
<p>I feel like I play counselor to everyone in my family</p>	Participant 7	<p>caught between - pressure to be in school and maintain family roles</p>	<p>UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role</p>
<p>One time it definitely happened on a psych, my psych clinical. I love my psych clinical instructor- she was great, but, she was very much a stickler for time and I was there at, clinical starts at 11. I was there at 11:01 and yeah. I get there, and she was like ____, I'm going to move you to the later ECT schedule since it seems like you can't get here on time and I'm like wow, you really just called me out in front of everyone. It felt unprofessional and I was just like I'm not going through a great time. It was more stuff with my sister and my mom and dad. Yeah, one whole minute late and then my clinical instructor- like I couldn't help it, but when she said that I made a face. I was just like, "I can't believe it." I definitely had not a pleasant face</p>	Participant 7	<p>caught between - pressure to be in school and maintain family roles</p>	<p>UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role</p>

and I was upset with her and she came and talked to me after clinicals and I was still crying. I was like, “There's a lot going on right now.” I don't know, it's family and family comes first. Or like I wanted to, but then there's all these other priorities.			
<p>And at home, I think they had gotten used to me not going home as much already, because of the few years I had in undergrad.</p> <p>It's an expectation though. When are you coming home? Are you coming home this weekend? Every weekend they would have a thing. I would say, “I just can't come home this weekend. I have to study”...</p> <p>And I felt like – maybe this is for any student, but when I would go home, I just couldn't focus at all. I would be helping my mom clean the house, or helping run errands, or this and that... Doing chores. Yeah. So, I felt like when I went home, I wasn't able to study or focus... I just felt so much pressure to go spend time with them, but I can't fail these exams.</p>	Participant 9	caught between - pressure to be in school and maintain family roles	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role
I remember I ran over to have dinner with them, and then I headed right back, because I couldn't afford to spend – to be spending a lot of time. I felt awful for it... it was definitely a struggle balancing family and school. My mom told me – she was like, “Leave the minority nursing student association. Why are you always doing this and that? You're already going to have your career by the time you finish, so what's the point of it? You're just going to be a nurse. You don't need to be doing all of what you're doing. You need to be more caring of your family, caring of your own	Participant 9	caught between - pressure to be in school and maintain family roles	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role

health". Because I wasn't doing very well either. My iron levels were dropping a lot, and they were saying that I needed to do a blood transfusion or something like that. I don't know. It was just definitely a struggle going through all of that.			
And I definitely feel like that has impacted us even now. I kind of want to live my own life, be more independent, and she doesn't want that. She didn't want me to move to _____. Because it's far from home. She wanted me to stay at home and travel back and forth to work. I think for me, I'm 24, I think at this point in my life, I should be learning to do my own thing... she was just definitely just waiting for me to come back home	Participant 9	caught between - pressure to be in school and maintain family roles	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role
I remember my mom was having issues with my brother one time, and she was saying "I don't know what to do. I feel like I'm a bad mother.". She just needed time to vent and talk. And I was in the middle of studying for an exam. I was just like (groans). She was like "Do you have time for me?". And I said, "Yes, I do". I always have time for my mother. How am I not going to have time for my mother? But it definitely was – it would cause pressure, because I had to study. I had an exam coming up and the conversation I know is not going to last 10 minutes. It's going to last hours. So, it definitely was hard. I would lose my concentration.	Participant 9	caught between - pressure to be in school and maintain family roles	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role
My parents were pretty understanding with me being in college. Maybe just me having gone to science and math really helped them understand how busy I was	Participant 10	caught between – varying pressure to be in	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role

going to be in college. They definitely expected me to come home every weekend. I think that I was really grateful for that. They were always very supportive. They didn't ask anything of me. Just focus on school. We want you to graduate.		school and maintain family roles	
I think they learned how busy I was. And we don't have too much other family in the area. A lot of our other family is in Europe or other parts of the U.S. So anytime that they would come and visit, it was expected – “Oh, you're going to see them every day. You're going to have dinner with them. If there are family functions, you are expected to be there”. And it would be hard when the family would stay at our house, where I was living too, and it's hard to be doing both... I'm trying to study right now. So, I think that was definitely hard.	Participant 11	caught between - pressure to be in school and maintain family roles	UNDER PRESSURE\PRESSURE OF NURSING SCHOOL\pressure to be in school and maintain family role
If things didn't work out with school, I don't have anyone who will take care of me. I kind of have to do it and figure it out. So that was a lot of pressure. I think most people who I go to school with- if for some reason it didn't work out, or something happened and they couldn't work- something just didn't go right, they could just move in with their parents. And they'd be ok for a little while until they got back on their feet. And that sort of thing. And I don't really have that. My mom doesn't live in the country, so she can't really help, and then my dad has no means to help me.	Participant 3	caught between from family	UNDER PRESSURE\TRYING TO MANAGE IT ALL\impact of pressures

<p>It wasn't too terrible - they were supportive. I remember I was starting to do real bad in science and math, and then that's when my parents- the way they would talk to me changed. My mom- the first time ever, she said it was okay if I made a C. She said, "It's okay, honey". They understood how much I was struggling. How hard it was. They would see me cry all the time. So finally, I guess they understood that "okay, we're putting a lot of pressure on her- it's not that easy to actually grasp".</p>	Participant 10	caught between from family	UNDER PRESSURE\TRYING TO MANAGE IT ALL\impact of pressures
<p>I did work through school. I worked in the ____ unit as a CNA... I didn't have to work that much. I worked per diem. I worked during football games at a catering company... through the grant that I got back, it just helped a lot</p>	Participant 4	need to support self financially throughout nursing program	UNDER PRESSURE\FINANCIAL PRESSURES\need to support self financially throughout program
<p>I worked at Walgreens part time, and then I did a work study job, and worked as a research assistant at the School of Nursing. It was exposure to research and it was challenging. And then I did research (assistant) in the Women's Hospital. And over the summer, I would work. I could have taken advantage of more productive externships or whatever, but I worked at this factory where they package peppers.</p>	Participant 10	need to support self financially throughout nursing program	UNDER PRESSURE\FINANCIAL PRESSURES\need to support self financially throughout program
<p>I applied to scholarships but I didn't have much luck with them. I think- this is what I know now, after talking to my friends who would get scholarships. I was doing it wrong. I sucked at writing my essays. I think that makes a big difference.</p>	Participant 10	need to support self financially throughout nursing program	UNDER PRESSURE\FINANCIAL PRESSURES\need to support self financially throughout program

But I remember, I had a friend in the ABSN program at the time. And she would just talk about how miserable she was, and how much work it was. I told her “I’m going to want to work”. And said, “No, you’re not going to be able to do that. You’re not going to be able to”. But I had to pay for school. How am I going to do this? I have to work. That is just not an option for me.	Participant 11	need to support self financially throughout nursing program	UNDER PRESSURE\FINANCIAL PRESSURES\need to support self financially throughout program
I left one of my jobs, and I think I decided in my senior year, I was director of this one initiative, but that was pretty much it. I kind of took a step back from my sorority. I did that during nursing school as well. I really said no to everything. I would go chapter meetings at my sorority, but I wasn’t active. I left the Hispanic student initiative.	Participant 9	no free time	UNDER PRESSURE\TRYING TO MANAGE IT ALL\no free time
I noticed that I didn’t have free time. Just because my family is really conservative. The free time- I would just go to church. That’s just a lifestyle that I’m used to.	Participant 10	no free time	UNDER PRESSURE\TRYING TO MANAGE IT ALL\no free time
No. Not even close to the idea of doing something else.	Participant 11	no free time	UNDER PRESSURE\TRYING TO MANAGE IT ALL\no free time
I think it’s basically since she was a single mother, she was like our mom and dad. And for me, I started working when I was 14, because I didn’t want to be a burden to her... I always had two jobs growing up.	Participant 9	no time for anything other than work and school	UNDER PRESSURE\TRYING TO MANAGE IT ALL\no time for anything other than work and school
In the first year, my biggest focus was money and school. Money and school. Money and school. I didn’t even think about extra-curriculars. I don’t have time. I don’t have time for any of it. So ever since I started, it was applying for scholarships, working, and	Participant 10	no time for anything other than work and school	UNDER PRESSURE\TRYING TO MANAGE IT ALL\no time for anything other than work and school

making sure I did good in school, because if I didn't do good enough in school, I'm wasting my time. So, I think that's why throughout my college career, I didn't really involve myself in social things.			
But I did a student coalition for underserved communities. And my last year, I was secretary for the Association of Nursing Students. Which my friend who was in nursing school was the Vice President, and she said "Apply for Secretary. It will look good, but you don't really do much". Okay. I didn't have time for anything else. So, I did Secretary- it's a leadership position. It will look good, but it's not very time consuming. So that's what I did. It was not very time consuming at all... But that is all I did. I worked, went to school, and that is all I did.	Participant 11	no time for anything other than work and school	UNDER PRESSURE\TRYING TO MANAGE IT ALL\nno time for anything other than work and school
We're not- to everybody in my family, it's like nurses are only good to – excuse my language- wipe ass.	Participant 6	nursing less prestigious according to family	UNDER PRESSURE\FAMILY PRESSURE\npressure from family
And I told my parents, and my parents were like "what? You want to be a nurse? Are you sure you want to be a nurse? You're going to be a butt cleaner". That's what they told me. "You could always do better than that." ...My extended family back in Costa Rica, they were surprised. Because again, in Costa Rica, nursing isn't what it is here. It's definitely more limited scope.	Participant 8	nursing less prestigious according to family	UNDER PRESSURE\FAMILY PRESSURE\npressure from family
And even nowadays, my mom will still make comments. Like "Why are you asking her? She doesn't know anything. She's just a nurse". Yeah, she	Participant 9	nursing less prestigious	UNDER PRESSURE\FAMILY PRESSURE\npressure from family

still says it now. She was not very happy with my choice and change. But it's definitely been hard, especially with comments that she makes sometimes like that. But they weren't very happy about it. My dad was more accepting of it. Because his wife is trying to study to be a nurse as well. So, he knew that it was hard.		according to family	
My dad is not a fan of nursing. He says it's too hard of work for how little we get recognized. Which is honest. It's true. He's just like "You're working 12 hours" and I told him the other day I didn't get to take a lunch, and he says "That's crazy! That's ridiculous!!". I said "It happens. It's not very common, that's my first time I haven't got a lunch, but it happens". And so, I think they definitely wanted- I told them about PA school at one point- I was considering PA school, and they were excited about that... I think the fact that you can be a nurse with a community college degree is not super great to them. They're like "well then why did you go to college then?". I'm like "it's different though". It's different. And even so now, I want to go back to school at some point.	Participant 11	nursing less prestigious according to family	UNDER PRESSURE\FAMILY PRESSURE\pressure from family
I definitely felt a little from community members, who would be when they found out that I wanted to be a nurse, they were like "why not a doctor?".	Participant 5	pressure from community to pursue prestigious profession	UNDER PRESSURE\PRESSURE FROM H/L COMMUNITY\pressure from H/L community to pursue prestigious profession

Growing up, they were always “do something where you won’t be financially struggling. Go into the medical field because you’ll always have a job, or become a lawyer- doctor, lawyer”- all those kind of high achieving, well-paid, respected occupations... I’ve always had that mentality of “you have to be a doctor or do something super amazing” to kind of give back to them.	Participant 3	pressure from family to pursue prestigious profession	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to pursue prestigious profession
Like my Dad would tell people I’m going to be a doctor, and then he switched it up and it would like engineer. I’d tell him nursing over and over.	Participant 4	pressure from family to pursue prestigious profession	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to pursue prestigious profession
In my family, it’s like doctors are everything, right? Because they used to be like “why do you want to do that? You could be a doctor”. I’m like “no, I want to be a nurse”. But that was a struggle.	Participant 6	pressure from family to pursue prestigious profession	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to pursue prestigious profession
immigrant parents always want you to like get a very prestigious job... I came to the states for you, so now you're going to have to show me, are my sacrifices worth something?... So, we were always like, you're going to be a lawyer, a doctor. I think they did it like jokingly a lot, which was good. I know some people, like their parents really put a lot of pressure on them, but my family kind of did it in a joking way, I could end up being either.	Participant 7	pressure from family to pursue prestigious profession	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to pursue prestigious profession
My parents told me that I had to be a doctor, lawyer, or banker. That’s what I had to be... I do have a lot of family members in Costa Rica who are doctors, so my family was like, “why don’t you just be a doctor? So and so did it; you can do it”.	Participant 8	pressure from family to pursue prestigious profession	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to pursue prestigious profession

My mom was not very accepting of my choice.	Participant 9	pressure from family to pursue prestigious profession	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to pursue prestigious profession
I've always been – I grew up with two cousins that are older than me, and my sister who's younger, but I was always the one if they needed someone to look after someone else, it would be me. I was always the more responsible one. My parents would say "You've always been a leader. We think you should do so much more." They know that I like being in charge... I think when I realized when I was somewhat into the medical field, they wanted me to be a doctor.	Participant 11	pressure from family to pursue prestigious profession	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to pursue prestigious profession
So, I think that kind of had an influence on my decision to go into the medical field. And for most of my life, I thought I was going to go to med school, because of that, and I thought that I had to become a doctor and do all those kinds of things... I think it may be a generalization of immigrant parents, but I feel like they just have very high hopes for their kids. And my parents were very- growing up, they always told me that the reason that they wanted to stay in the United States and the reason they didn't go back to Chile was because they wanted a better life for us- me and my brother. And they wanted all the educational opportunities that we could get here, and they sacrificed their entire adult life for us. And that was a lot of pressure I think as a kid to be – okay, I have to achieve something... And do something really meaningful, or something that would kind of pay	Participant 3	pressure from family to succeed	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to succeed

<p>them back for all the sacrifices that they made. I feel that kids wouldn't – when I was in middle school or something- most parents weren't hounding them about how important school was, or they needed to do something, and how they had to make something for themselves and all of that kind of stuff. That was what I heard from kindergarten. It was very much – “you have to- if you don't get a scholarship, you can't go to college”, and all of that kind of stuff. So, it was more pressure, I guess.</p>			
<p>Like they would say, alright, keep studying, keep going to school, do what you have to do, you've graduated, ok go find a job, just general things.</p>	Participant 4	pressure from family to succeed	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to succeed
<p>I did have that pressure. Always.</p>	Participant 4	pressure from family to succeed	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to succeed
<p>So, they didn't want any possibility of screw ups. So that was what they told me... So I was like, okay. I'm going to go be a doctor. That's what I told myself. I'm going to go be a doctor.</p>	Participant 8	pressure from family to succeed	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to succeed
<p>If I would have had the opportunity to go to school, I would have gone, but I wasn't able to. And that's why if you weren't here... do you see everything? Do you see the difference of you living in the U.S., and living in Guatemala? Do you see the sacrifice that I have made, and how much of difference your life is, now that you see that you live here and not there?</p>	Participant 9	pressure from family to succeed	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to succeed
<p>And I would say, “well, you're not doing all of this for nothing. I'm going to be someone someday. And I'm going to help you out once I get a job”.</p>	Participant 9	pressure from family to succeed	UNDER PRESSURE\FAMILY PRESSURE\pressure from family to succeed

<p>Did you sense that there was pressure on you to become something or do something because they had moved from El Salvador?</p> <p>P: Yeah, I sure did. Yep. Ever since I was in kindergarten, first grade, I can remember my mom saying – I mean, I am grateful for their support, because I don't think I would have made it otherwise, and there's not a lot of us too, but she'd be like "I don't want you bringing home any bad grades". And if I did, she would be like "Get them up". There wasn't single day where she didn't say "You have the opportunity that we didn't have. Go to college. Do something with your life". And I would see it. I wouldn't take it the wrong way. It was a lot of pressure, but in my mind, they're right. I do have this opportunity that they don't have.</p>	<p>Participant 10</p>	<p>pressure from family to succeed</p>	<p>UNDER PRESSURE\FAMILY PRESSURE\pressure from family to succeed</p>
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APPENDIX A

PARTICIPANT INFORMATION LETTER

Hello! I am a doctoral student in the PhD in Nursing program at UNC Greensboro, and I am currently recruiting participants for my dissertation study entitled “Acculturation into the Nursing Profession: The Lived Experience for Hispanic / Latinx Baccalaureate Nursing Students”. I am looking for undergraduate nursing students who will graduate in 2018, and who self-identify as Hispanic / Latinx.

As you may be aware, nursing remains a female, Caucasian-dominated profession despite the rising diversity of the United States. Students who self-identify as Hispanic / Latinx are admitted to nursing programs nationwide in smaller numbers and may have unique experiences before and during their nursing education that shape how they become acculturated into the profession of nursing. There is very little literature about this phenomenon. I am very interested in learning more about your experiences as a Hispanic / Latinx nursing student joining the profession of nursing. This knowledge is important, because it will be an important step towards building an inclusive learning environment for *all* nursing students based on scientific evidence.

Your participation in this study would involve an interview. These interviews will be private, will take place in a mutually convenient location, and will occur after you graduate. Interviews are expected to last between 60 and 90 minutes. At the end of the interview, I will ask you a short list of demographic questions. You may decline answering any of these questions if you so choose. These questions will reflect your gender, age, English and Spanish fluency, country of birth, time in the U.S. if applicable, and whether or not you are a first-generation college student.

These interviews will be audiotaped and transcribed either by me, or by a professional third-party transcription service that can assure security of the data.

I will conduct an analysis of the transcripts. It may be possible that I need to check back with you following this analysis to make sure that the conclusions I arrive at are true to your perceptions and/or to ask additional questions. This check-back would take place in

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4/17/18

the form of a brief telephone interview. You can choose whether or not to participate in this check-back. It is also possible that I will email the de-identified transcript of your interview for your verification. You can choose whether or not to receive the transcript of your interview.

You are under no obligation to participate, and participation in this project will have no bearing on your past or future experiences as a nursing student. All information disclosed in the interviews will remain strictly confidential. No identifying information about you will be retained. Your name, and any names, agencies, sites, or places that you share within your interview will be replaced by aliases, pseudonyms or fake numbers in the transcription of the interview. Demographic information such as your gender, age, English and Spanish fluency, country of birth, time in the U.S. if applicable, and whether or not you are a first-generation college student will be reported in group form only. If the information in this study is shared in any way, such as publications or presentations, no identifiable information will be included in the information presented. The setting of the study will be described in general terms, such as “graduates of baccalaureate nursing programs within the Southeastern United States”.

Anticipated risks of participating in this study are minimal to none but could include becoming emotional with the telling of your story. If you wish to take a break, stop the interview at any point, or withdraw from the study, you may do so.

The transcription of your interview will not contain any identifying information and will be password protected. Documents and digital recordings will be stored in a secure cloud storage location and only accessible to my dissertation committee and me. De-identified transcripts will be stored in a locked file cabinet in my home and in password protected files on my password-protected computer.

Only your email will be retained as your contact information. If a follow up interview is required, you will be asked to provide a telephone number of your choosing that you can be contacted at, and this telephone number will not be recorded or retained in any way after the second interview.

Compensation for your time will be a \$30.00 gift card to an online retailer at the completion of the first interview. Should you agree to participate in an additional brief follow-up telephone interview as needed, your name will be entered into a random drawing for one additional \$20.00 gift card to an online retailer. There is no additional compensation for receiving a de-identified transcript of your interview.

All information obtained in this study is strictly confidential unless disclosure is required by law.

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If you are interested in participating, or if you have any questions, please contact the Principal Investigator (Lisa Woodley) at lkwoodle@uncg.edu. If you have questions, want more information or have suggestions, you may contact me, or my advisor, Dr. Lynne Lewallen, who may be reached at (336) 334-5170. If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study, please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Thank you so much for considering.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Woodley". The ink is dark and the signature is fluid, with a long, sweeping tail on the final letter.

Lisa Woodley, MSN, RN, PhD student

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4/17/18

APPENDIX B

LETTER OF PERMISSION FROM NURSE EDUCATOR

Nurse Educator

February 7, 2019

Ms. Lisa K. Woodley

Re: Acculturation into Nursing for Hispanic/Latino Prelicensure Nursing Students and New Graduates: Integrative Review of Literature

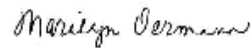
Dear Ms. Woodley:

This email confirms that you can submit your article published in *Nurse Educator* ahead of print as part of your dissertation requirements. The article citation is:

Woodley, L. K., & Lewallen, L. P. Acculturation into nursing for Hispanic/Latino prelicensure nursing students and new graduates: Integrative review of literature. *Nurse Educator*. Published Ahead of Print, October 30, 2018. doi: 10.1097/NNE.0000000000000610

Congratulations on completing your dissertation!

Sincerely,



Marilyn H. Oermann, PhD, RN, ANEF, FAAN
Thelma M. Ingles Professor of Nursing
Editor-in-Chief, *Nurse Educator*
marilyn.oermann@duke.edu